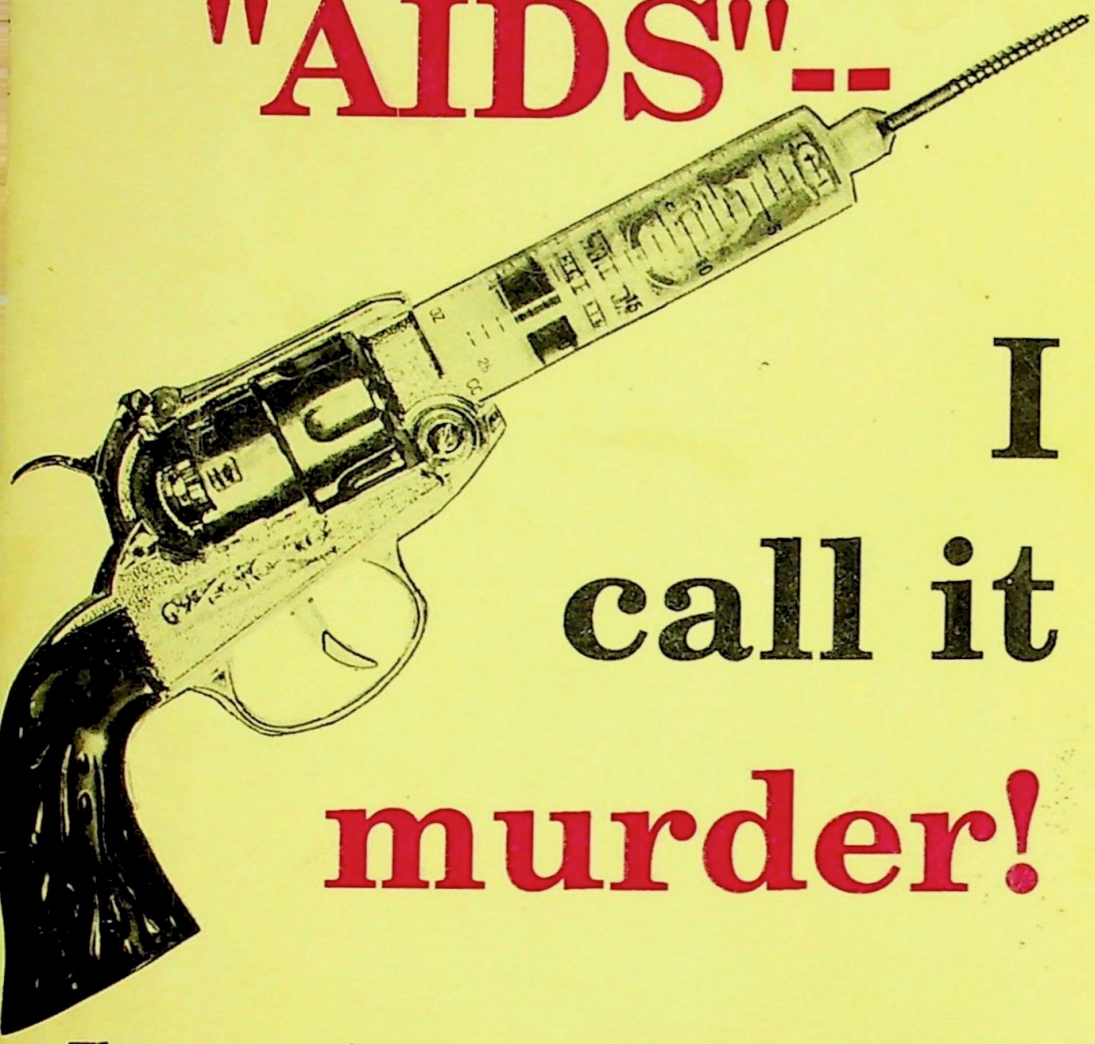
Some call it "AIDS"-- I call it murder!



The connection between cancer, AIDS, immunizations, and genocide

By Dr. Eva Lee Snead, MD

EVA LEE SNEAD M.D.
1942-2008

Some Call It "AIDS"__ I Call It Murder!

I Dedicate This Book To GOD
Maybe Together We Can Save Mankind

UMOJA RESEARCH
P.O. Box 86131
Los Angeles, CA 90086

Vol II

SOME CALL IT "AIDS"... I CALL IT *MURDER!*

THE CONNECTION BETWEEN CANCER, AIDS, IMMUNIZATIONS AND GENOCIDE

By Eva Lee Snead, M.D.

UMOJA RESEARCH

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Please, notice: *italicised lines denote an illustration*

SOME CALL IT AIDS, I CALL IT MURDER

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CHAPTER XVIII

THE INCREDIBLE BIOHAZARD REPRESENTED BY ANIMAL EXPERIMENTATION

CRIME (VIVISECTION) AND PUNISHMENT (DISEASE)

Representatives for animal rights are often ridiculed and enjoy little appreciation because the public at large does not understand that ultimately, it is really us they are protecting, who are the ultimate recipients of nature's wrath against those who would enslave and torture her children. The illnesses of our century are largely a consequence of the abuse we have perpetrated against our fellow living creatures.

The best informational text on the connection between animal experimentation and "AIDS" was brought to me under rather fascinating circumstances and by what we could call Divine

Providence. I was engaged in giving a series of conferences in Paris, Geneva and Namur (Belgium). This was October of 1988. My sponsors in France notified me that a gentleman from the BBC wanted to talk to me and we met at an Argentine restaurant in downtown Paris. He was very informative, and told me about the difficulties he had encountered trying to present his information on the connection between "AIDS" and animal usage in laboratories. Some of his programs had caused him to receive reprimands by members of parliament. He also brought me some papers and an excellent book: BIOHAZARD. It is an elegant and informative publication about what man, in his greed and cruelty has already done to man and animal, to destroy our planet and civilization.

MAN CAN TURN ANIMALS INTO DANGEROUS FOES

Dr. S.S. Kalter of the Sothwest Research Institute in San Antonio, Texas, referred to the use of primates in laboratories as a "biohazard" published in early 1976.

Using animals to determine problems and/or their solution in humans, has always been a questionable practice. Aside from the moral and humanitarian issues, the genetic systems and the nutritional requirements and habits are often so different that the results are frequently misleading. Drug safety tests are often completely erroneous in their application to people, and disasters such as the Thalidomide episode may occur. The usual argument that we need them to help correct disease in people requires the inquiry into whether such diseases do really occur, whether the medications are a real help, and ultimately, whether diseases would ever occur in the absence of contamination of the human genetic system with commands derived from the operating parameters of the animals used in making vaccines and biologicals.

If these arguments are not enough to discourage such brutal and irrational practices, the issue of laboratory hazards must surely "give us pause. Aye, there is the rub..."

THE CONTENTS OF MANY LABORATORIES REPRESENT "A BIZARRE COCKTAIL OF VIRUSES, BIOLOGICAL(S)...CHEMICALS, CANCER AGENTS" AND ANIMAL SPECIES "WHICH CAN BE BEST DESCRIBED AS A 'BIOLOGICAL TIMEBOMB' JUST WAITING TO GO OFF." {R00110/p.33}

LABORATORY DERIVED INFECTIONS AND ACCIDENTS

The problems that occur in laboratories are by no means always reported or published in the media or the literature.

The existence of new viruses or their relationship to newly found problems often do not become apparent until 10 or 20 years of the spread of that virus among laboratory animals, and the most dangerous transmission (inter-species).

During that time, diseases may undergo different changes in nomenclature, making it even harder to track the illness and its producing agent. Tracking the origin and the contacts of the sick animal is often impossible and containment precautions were usually not in use for that time period because the animal was not presumed to be contagious or dangerous. Biologicals may have been produced from its tissues, and human and animal contact went on undisturbed for many years.

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The most dangerous element is not the unchecked virus, but the unbridled greed, vanity and zeal of the mad scientists who adulterate our planet in the name of knowledge.

One typical case of laboratory caused disaster was the 1967 Marburg virus episode, previously described.

Another experiment, performed in 1983, with no apparent adverse results, showed that ***mad scientists will not shun away from anything, however risky or irrational***, with full awareness of how a viral agent's virulence might change when passed from one species to another. As reported in BIOHAZARD, mice, hamsters and marmosets were injected with cerebro-spinal spinal fluid derived from schizophrenic patients, at the Clinical Research Centre (sic) at Harrow, Middlesex, England. One can only ask, tongue in cheek and pun fully intended, whether Middle-sex might mean a connection between disease and homosexuality?

Although no disease occurred this time, other experiments in that lab showed that containment precautions were in no way sufficient, and spread occurred.

In 1965, Rowe and Lewis reported how mouse tumor tissue used in cancer experiments was transplanted into hamsters belonging to another lab. The mice were apparently infected with LCM (lymphocytic-choriomeningitis) virus, which causes no visible illness in these rodents, but when transmitted to the hamsters it was passaged to humans who became ill and developed antiviral antibodies.

Other LCM contaminations have been described which, apparently were stopped before humans became ill.

A TIME FOR CONTAINMENT AND A TIME FOR ESCAPE

To every thing there is a season...
and a time to every purpose under the heaven
ECCLESIASTES 3:1

Dangerous biologicals are supposed to be carefully contained and disposed of. Even if rules and regulations were religiously kept, they would only apply in cases where the nature of the dangerous species is known, which is often not the case until such germ is discovered. Laboratory creatures, whether deliberately created or accidentally recombined, are supposed to be carefully guarded from contaminating the environment, for the same reasons discussed under the pertinent headings for the genetically engineered industry.

Fort Detrick, for example, which was the Army's Biologic Warfare Establishment, and which is reportedly ultra-safe, the "most secure" laboratory in the world, has had an exorbitant share of problems, "over 25 years 423 cases of serious infections and three deaths, which on average is one serious accident every three to four weeks."{R00110}

An establishment in England, Porton Down which belongs to the Ministery of Defence Establishment near Salisbury in Wiltshire, is purportedly the highest containment establishment in Western Europe. At least one case of infection with viral hemorrhagic fever in one worker was reported, and any other accidents would probably be well covered up because the lab is protected by the "official secrets act."{R00110}

In 1972 the WHO carried out a smallpox immunization campaign which was to be "the campaign to end all campaigns". According to their gurus and prophets (or is it profits...?) smallpox was now banned forever. But in 1973, laboratory contamination spread fir-

to a lab carrier and then to two individuals who had never been inside the lab. These three individuals connected to the London School of Tropical Medicine and Hygiene all died from the plague. An investigation showed safety violations such as people unconnected with the smallpox research entering the lab and teaching equipment being stored in it. All types of new precautions were taken, and then, in 1978, smallpox again escaped from a laboratory, this time killing Janet Parker, a photographer at the University of Birmingham. Under the same unsafe conditions that caused Ms. Parker's death workers were also moving hybrid viruses around with no further precautions.

As reported in BIOHAZARD, under the heading of "World Without End", W.M.Stanley prophetically wrote to CHEMICAL ENGINEERING NEWS (Dec. 22, 1947) "If a killing type of virus strain should suddenly arise by mutation...it could, because of the rapid transportation in which we indulge nowadays, be carried to the far corners of the earth and cause the deaths of millions of people."(R00110)

FLUSH YOUR WORRIES DOWN THE DRAIN, OR SHOULD YOU WORRY ABOUT WHAT YOU FLUSH?

According to reports summarized in BIOHAZARD, dangerous substances which should be carefully contained, are often simply dumped down the sink, as was the case at TOXICOL labs in Herefordshire, and also at the SEMA AIDS Laboratories in Maryland, where untreated or incompletely treated waste was discharged into public sewage.

Laboratory technicians, often improperly clad, improperly protected from sharp or piercing objects, have previously existent wounds that become contaminated. Technicians often smoke while working on contaminated animals, dried secretions can be sucked into ducts, facilitated by improper screens, ventilation or other problems.

Laboratory workers are accidentally bitten and scratched by experimental animals, with great frequency.

WHEN THE CHICKEN COMES HOME TO ROOST: THE LAB ANIMALS REVENGE

Laboratories that use animals represent a danger to the community where they are located, even if no viral experimentation goes on, because certain species are always carriers of illness producing microorganisms.

The lab animal that represent the most danger to humans, is probably the primate, because close contact between people and monkeys usually does not happen under normal conditions and they almost always harbor viruses, such as herpes simplex B which may cause serious illness in man.

It is very difficult for a journalist or researcher to obtain and compile information about the vivisection industry because it is kept shrouded in secrecy. This is, in the opinion voiced in BIOHAZARD {R00110/p.43} "hardly surprising" for it is obvious that "those who induce epileptic fits or fire steel balls through the heads of monkeys wish to keep their activities away from public scrutiny."{R00110/p.43}

A VERITABLE NO(rth) A(merican)'S ARK?
THE BIOLOGICAL COCKTAIL CREATED BY THE MOVEMENT AND MIXING OF SO MANY SPECIES OF ANIMALS FROM DIFFERENT PARTS OF THE GLOBE HAS BROUGHT US TO THE POINT WHERE A VERY REAL THREAT IS ON OUR DOORSTEPS, IN OUR TOWNS." {R00110/p.44}

SLAVE TRADE IN THE TWENTIETH CENTURY

The quarry may have changed from the black human to the dark primate, but the appetite for trade in living creatures from the tropical regions to the Western World continues undisturbed.
Scientific reequirements are not always the determinants of animal supply in laboratory setting. Financial and political considerations often are.

IS BUYING MONKEYS USED IN THE MANUFACTURE OF BIOLOGICALS, FROM AN ENEMY NATION A FORM OF TROJAN HORSE PRACTICE?

The primates used in laboratories are sometimes locally born, but most often imported from various countries. Not only do they come from friendly places, but, unconscionable as it may seem, monkeys were even imported from North Vietnam during the war years! Imagine the opportunity for a modern version of the Trojan horse, when we buy the basic staple to manufacture biologic materials from an arch-enemy who can have a field day implanting such animals with any germs he wants to, to maim, weaken or otherwise damage an enemy country!

As reported in BIOHAZARD, the largest world trader of monkeys is Charles River Research Primates, part of the Charles River Corporation; it is reported to make $ 40.000.000 from the trade of 22 million animals, produced in seven countries and also in the United Kingdom at Margate, Kent. The Charles River monkeys are housed and reared in Key Lois, off Florida, an island belonging to Charles River. Other facilities exist world-wide. Even zoos may sell their surplus animals for laboratory purposes.

THE MONKEYS STRIKE BACK

Of all unfortunate creatures that are used for animal research, non-human primates surely are the poorest choice. Humanlike in appearance, and of higher development than most other animal species, these largely friendly and harmless creatures have been hunted and used in countless horrible medical, psychological and other so called scientific research to the point that their blood must have cried out to the heavens for revenge. It came, like a thief in the night, in the form of illness, crippling and death. This is the story of the monkeys's revenge...

MAN AS A CAUSE OF MONKEY'S DISEASE

From the 1960's on, "outbreaks of cancer occurred in several laboratories of primate colonies worldwide."{R00110/p.2}. According to reports in the JOURNAL OF THE AMERICAN VETERINARY ASSOCIATION (163, #6, 624-628), "leukemic human blood (was) injected into gibbons in malaria experiments and then transmitted from gibbon to gibbon." What did the scientists do at that time? Isolate the virus? Attempt to get rid of the spread? Not apparently! They "watched with morbid fascination as the speed of action and severity of the virus increased with the programme of infecting more and more animals." In a laboratory in the New England Primate Research Centre the tumor was transplanted to seven animals. Also, "at the California Primate Research Centre (CPRC) University of California, Davis, Ca. continuous AIDS-like illness among primates over a period from February 1969 to November 1982 was observed."{R00110} The illness had the following symptoms:

diseased lymph nodes (*lymphadenopahy*)
enlarged spleen (*splenomegaly*)
fever
diarrhea

weight-loss
infections with microorganisms such as staph
(*staphilococcus aureus, pseudomonas and shighella*).

The similarity with human "AIDS" is striking and, in the opinion of the author of BIOHAZARD, "inextricably tied."[R00110]

Perfectly aware that transmission of a virus from a species that is a natural host to that virus to a species that has not had contact with that organism, causes mutations, increase in virulence and other dangerous changes in the virus, they recklessly experimented with an unknown germ, experimenting with the transmission to various species. Were they concerned about their potential role in having created or contaminated the world with their "monkey business"? Not at all! R.V. Henrickson and others proudly reported in 1983 that the monkeys at Davis could be used for an animal model of "AIDS", when the media campaigns about "AIDS" in humans began to surface.

"WE MUST NOW FACE THE FACT THAT THE WORLD HAS POSSIBLY HUNDREDS OF RESERVOIRS OF AIDS-LIKE DISEASE IN ITS LABORATORIES"[R00110/p.3]

Occasionally, a story will bypass the cautious monitoring of those whose vested interests oppose such publications, and tell it like it is. The Nov.25 to Dec-8 issue of IN THESE TIMES tells us that "Zoo officials go ape as AIDS hits 20 monkeys".This disaster happened in Stanley's Park in Vancouver, British Columbia, where test results were kept secret for 10 months. Michael Mackintosh, the assistant manager stated that "the issue [was] so sensitive 'it could create a lot

of hysteria'". With his unfounded belief in his omniscience, he assured there was "no cause for alarm...Zoo workers are avoiding all contact with monkeys on the advice of local AIDS experts...[who say]...there is no record of any human dying by contamination from the monkey virus." As Carl Sagan often has been quoted: **ABSENCE OF EVIDENCE IS NOT EVIDENCE OF ABSENCE!**

Sources of contamination are not isolated, but freely accessible to the general population through the following safety flaws:

1.- Personnel that is exposed to contaminated animals and then interacts freely with the rest of the population;
2.- Improperly treated contaminated waste;
3.- Transportation of animals and tissues all over the country;
4.- Animals are imported from the wild adding to the cocktail of viruses.
5.- Blood sucking insects feed from the animals and later inoculate humans or other animal.

"HUMAN AIDS IS AT THE END OF A VERY LONG CHAIN OF EVENTS, SOME LINKS OF WHICH MAY NEVER BE FULLY REVEALED. AFTER ALL, GIVEN THE PROOF OF HUMAN MANUFACTURE OF SUCH A DREADFUL DISEASE IS HERE, WHO IS GOING TO ADMIT RESPONSIBILITY?" {R00110}

SICK MONKEYS IN THAILAND

In 1971, and in 1973, researchers were surprised at the occurrence o- two epidemics of leukemia in gibbons, which happened unex- pectedly at the Medical Research Laboratory of the South East Asi- Treaty Organization (SEATO) Medical Project, Bangkok, Thailan-

Monkeys seldom developed malignancies spontaneously and even the induction of cancer in primates had not met with success.

The center was experimenting with the communication of human malaria to gibbons. They first injected one gibbon with either human blood or immature malaria parasites from infected mosquitos, and then transmitted this animal's blood to another one of the same species.

When a type C virus was found in the Davis gibbons, some communication must have occurred between that location and Bangkok, because veterinary researcher A. de Paoli remarked in a 1973 JAVMA (JOURNAL OF THE AMERICAN VETERINARY ASSOCIATION),that connection between those viruses would invite further studies.

The plague moved from Asia to America, with the first case of lymphoma to be diagnosed in one of a group of 11,000 monkeys in California, on February 23, 1969. The disease later on swept the facility like a wildfire, and twenty-five more cases were diagnosed in the following 2 weeks, an unprecedented event. Did they behave with extra caution at this point? As you know, fools run in where angels fear to tread, so "curiosity threw caution to the wind and every effort was made to spread the disease, the excuse being 'because of its astonishing incidence, its similarity to some lymphomas in man, and the possibility that the study of this model of human lymphoma may help in understanding and preventing similar types of human cancer'."{R00110/p.12}

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MONKEYS, MONKEYS, EVERYWHERE...

If you think we had problems in the U.S., think again and realize that in the period between 1969 and 1973 a leukemia epidemic affected "900 inbred Hamadryas baboons at an "animal gulag" called Sukhumi, in Georgia, USSR. Instead of Trojan horses, Georgian monkeys were shipped to the U.S.A., to Litton Bionetics in Kensington, Md.. Although absolute precautions were allegedly taken, that same laboratory had such an abysmally bad containment record that the National Cancer Institute called it "grossly irresponsible" according to R.J. Smith's article in a 1979 SCIENCE JOURNAL.{R00110}

This was not an isolated occurrence; other safety violations had been reported at the laboratory ran by Litton (Frederick Cancer Research Centre). An evaluation of containment effectiveness ran in 1976 using a chemical tracer to track spread from animal to animal, revealed wide-ranging distribution of that substance where it was not meant to appear. Animals eventually had to be sacrificed by the thousands, at high cost.

The so called animal sacrifices are not always a surefire procedure, because of the potential for "saving" of victims to further sell them into "slavery" to other unscrupulous labs who contribute to the spread of illness.

GOATS AND DETERGENT

If sick monkeys were not bad enough, the MS (Mad Scientists) engaged in another form of *dare* and injected goats with non-human primate viruses that had been treated with detergent. In the same way that detergent cleans off coatings of fat and protein on dishes, viral coats are also disrupted by these substances. Without the protection of the coat, the viral genome may integrate or recombine

with great ease. It is then not very surprising that much has been said about a *lentiviral* component in the HIV virus, which is presumed to be derived from hoofed animals. And, according to BIOHAZARD, Litton's containment practices were certainly not adequate for such unprecedented experiments that were due to result in unpredictable recombinations.

OREGON'S BLACK MACAQUE PLAGUE

Beaverton, Oregon, does not seem like the ideal place to house monkeys, yet a variety known as Celebes black macaque has been kept at their primate research center since 1961. These lab animals have been plagued with an epidemic of the following symptoms:

diarrhea
anemia
reduced immune cells in blood
low proteins in blood
cancerous growths in the abdomen

Sounds familiar? They call it ***SAIDS*** or ***simian AIDS***. And when was this epidemic rampant? From 1978 to 1983, with a peak in 1980! And technicians were exposed, and contaminated refuse water or airborne, and the band played on...

THE GRASS IS ALWAYS GREENER AND VIRUSES ARE MORE VIRULENT, IN SEATTLE...

Or so it seems, when pigtail macaques developed an unprecedented epidemic of what appeared to be an immunodeficiency disease, there being no perceptible genetic or environmental factors that these creatures had in common, for they were of three types:

wild born imported
wild born
brought in from other primate centers

Transmission experiments were carried out: all animals deliberately contaminated died in a few months, long before the words AIDS or SAIDS had been coined. Containment, if at all present, was certainly not the kind you would use for such a dangerous situation

TYPE "D" RETROVIRUSES AND SIMIAN AIDS

Simians often harbor a type D retrovirus. There are minor differences between the various viruses, such as the composition of their outer coat, and although the viruses are not closely related to human HIV, they certainly cause a clinical picture similar, if not identical to human "AIDS". This is not surprising since there is not a shred of scientific evidence that HIV is in any ways related to "AIDS", excepting in the media and the belief-systems of the public. Actually, it has never been shown to cause any condition whatsoever. If "AIDS" exists as a distinct entity, it certainly has to be caused by one or more other viruses, and these primate variants are certainly a potential choice.

MORE INCREDIBLY IRRESPONSIBLE PRACTICES

Transmission experiments with cancers are often done in such a way that the origin of the tumor can not be geographically placed and no warnings can be issued to contacts. One such case occurred at the New England Primate Research Center (NERPRC) in Southborough, Massachussetts, where deaths occurred for several years without being clearly noticed. This center, where monkeys also developed antibodies against the human Leukemia virus HTLV-1, received a monkey to be used in cancer transmission experiments (monkey Mm524-76) from an *unnamed* laboratory at an *unnamed* time. He

was suffering from a cancer of his jaw. This tissue was used for transmission. The injection of tissue taken from that tumor, administered to other simians, caused malignancies and killed numerous other monkeys. What happened to the contacts in his original abode is, of course, untraceable, a very peculiar state of affairs, considering how important thorough documentation might be in such an important experiment.

Other monkeys residing at NERPRC developed a disease very similar to human "AIDS", its causative agent was (according to the researchers) a simian virus called SRV-1), which was not only transmissible by transplants but also some other typically infectious way, because monkeys not subjected to transmission by transplants, also became ill.

Certain precautions suddenly taken at NECPRC suggested that the scientists and workers developed some awareness that increasing suspicion was developing at many levels, about their potential role in having created the "AIDS" epidemic, although R.C.Desrosiers stated in NATURE (Vol. 319, p. 728, 1986) that "the mere existence of HIV related viruses in monkeys provides no evidence for cross-species transmission to humans".{R00110}

Shipment of animals and biologic products is another source of irresponsible practices. An example of very real danger is from a letter by D.I.H.Simpson and A.J.Zuckermann from the London School of Hygiene and Tropical Medicine: "The condition in which many of the specimens arrive causes us extreme concern. Our most recent examples have been badly smashed blood samples sent by post from overseas for hepatitis and Lassa fever studies. These samples were potentially highly infectious, but were so badly packed that serum ***was leaking freely through the outer paper*** (emphasis mine). There is no need to stress the hazard to postal workers or those who have to open the package."{R00110/p.51} He did not mention

"the population at large", because these workers have wives and husbands, children and friends who can also be contaminated.

"POSTSCRIPT: "IN MAY 1987, THE RESEARCHERS INVOLVED AT NECPRC ADMITTED THAT 'IT THUS SEEMS LIKELY THAT A SINGLE STRAIN OF SIV' (simian immunodeficiency virus) 'INTRODUCED IN OUR COLONY EIGHT OR MORE YEARS AGO HAS SPREAD TO DIFFERENT ANIMALS IN THE COLONY'"{R00110/p.19}

THE NEW SIMIAN VIRUS CALLED SIV

The lymphoma virus found at NERPRC is shaped like a type C virus, but the internal core which stores the genetic material is shaped differently than expected, being of cylindrical shape, which is found in the classification of lentiviruses. Most of its characteristics are related to HIV, so it was called SIV. According to BIOHAZARD, SIV is present in African Green Monkeys, but not in baboons and chimpanzees, and that this SIV virus or its antibodies were found in African greens used in the U.S. in the sixties, being innocuous to its natural host, but causing cancer or simian AIDS when it invaded the body of macaques (the wrong species). Two researchers, Kanki and Kurth, reported in 1985 that a large percentage of patients with "AIDS" and associated illness carried antibodies against SIV. The monkey antibodies against SIV, to the contrary, are poorly reactive against HIV. Since it is the outer coat of HIV that induces antibody production in humans, all we can conclude is that the outer coat has to be different, which does not affirm or deny the inner similitude of these viruses.

HIV has not been shown to cause infection in primates, except when HIV is deliberately given to chimpanzees, who may carry the

infection but not develop clinical "AIDS", yet may develop chronic glandular enlargement. The SIV infections are very similar to human "AIDS", but they have a high presence of monocytes, one of the white cells, and the "reversal or T4:T8 cell ratio" (a value typical of human "AIDS") is not always present."[R00110]

MEET "CYNOMOLGUS", THE AFRICAN GREEN

The African green monkey has been used for animal experiments and the production of biologicals for several decades. Since 1953, billions of doses of polio vaccine manufactured on kidney cell cultures of this little animal have been administered to the world population. African greens have evidence of exposure to many viruses, and also to SIV, the Simian AIDS virus. African greens who also carry SV-40, the genetic engineering tool *par excellance.*

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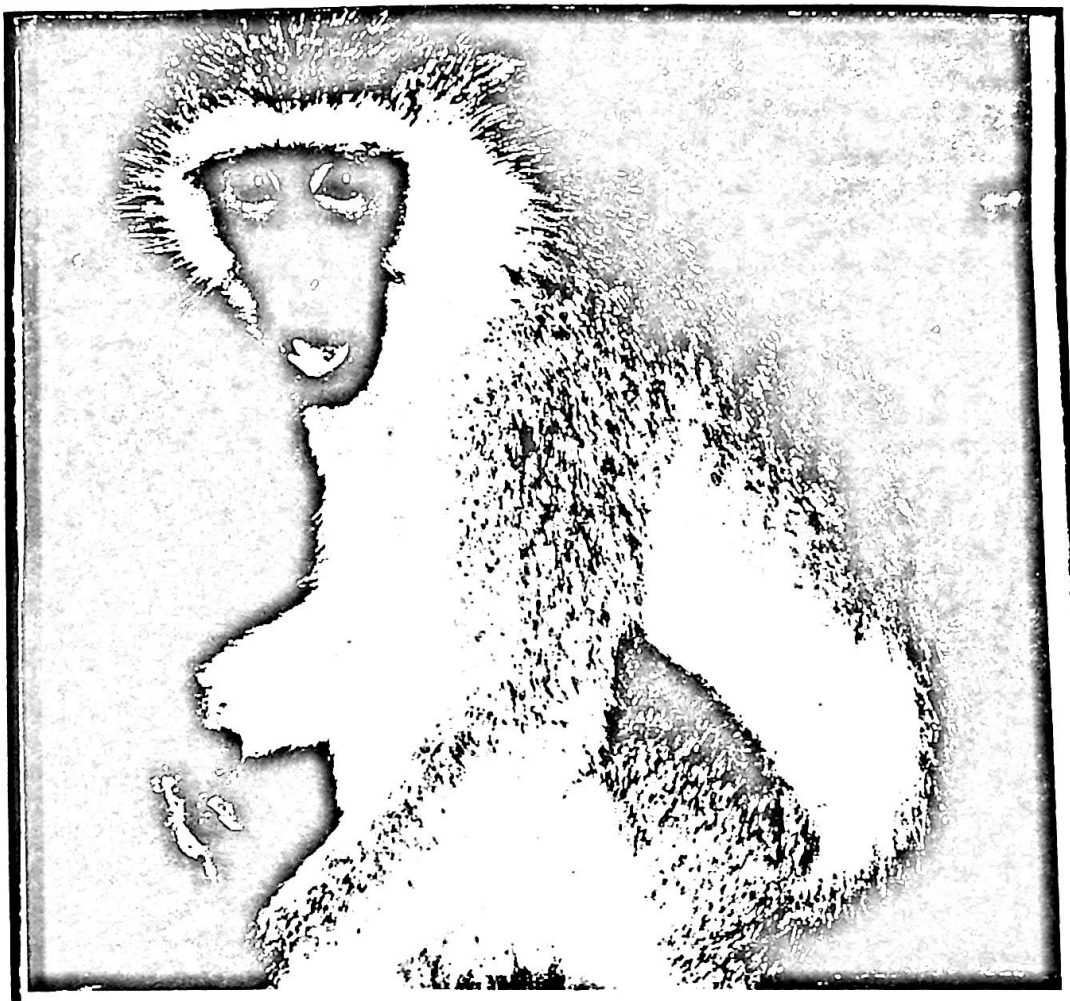

présentent des caractères de déclenchement de la leucémie, ou, pour employer un euphémisme, un lymphotropisme. On peut se demander si chaque découverte d'un nouveau virus a été ou non accompagnée de la recherche de cet agent spécifique dans la « soupe de singe » connue sous le nom de vaccin Sabin.

Et malgré la prévention, l'éducation, l'information et les dépenses qui se chiffrent en millions de dollars, les anomalies congénitales et les maladies malignes chez les enfants et

Comme c'est le cas pour les injections hypodermiques que nous faisons dans notre pratique médicale, il y a douleur et réaction immédiate, mais ce doit être le début d'un long processus de compréhension et de guérison, qui aboutira à une société en meilleure santé, plus heureuse, débarrassée du SIDA et de la plupart des maladies malignes et dans laquelle ne naitront plus d'enfants anormaux.

L'autre face de l'alternative est **totalement inacceptable**. L'horreur d'un avenir à l'image de notre présent de mutants n'est pas imagina-

PS. Ceci n'est qu'un bref aperçu de l'information disponible. Je continue à en collecter. Je vous demande de bien vouloir excuser ce rapport incomplet, qui n'est pas d'un aussi haut niveau que je l'aurais souhaité. Je travaille seule la plupart du temps et ne dispose que des fonds dont ont bien voulu me faire don les membres de ma famille et de vieux amis. **Le problème est urgent et exige des solutions immédiates !** Les belles phrases érudites n'arrêteront pas la spirale fatale de la mort et de la maladie. Je vous en

mên gres

s et
ès.

THE AFRICAN GREEN AND HIS VIRUSES

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CHAPTER XIX

THE DOOMED CULTURES OF DEATH

FIRST ACUTE SIGN OF DANGER ASSOCIATED WITH THE VACCINE INDUSTRY

It was August, 1967. The month I sat for my Texas State Board Exam. I believed in the sacrosanctity of my chosen profession, the reliability of the FDA, and was to busy and too pregnant to worry about the vaccine industry. Yet, in another part of the globe, fate was fashioning events that would finally, at least in part, result in the NCI meeting # 29, 1968, devoted to the "safety of cell cultures".

Epidemics and bizarre as well as dangerous contaminants have not been rare in the primate industry. The most dramatic event occurred in ***Marburg***, Germany.

Walter Hennessen, Behringwerke, Marburg, Germany, reported the findings of an *ad hoc* committee set up by the Permanent Section of

Microbiological Standardization of the International Association of Microbiological Societies.

"In August 1967 a number of persons in Germany who had contact with the blood or organs of a single batch of vervet monkeys became ill with a hemorrhagic disease. Further cases occurred in September in Belgrade. The source of the infection has not yet been traced beyond the monkeys, and it was believed that a factual account of the episode should be written so that others handling monkeys may be aware of the dangers involved. This report can not be complete. It can only give details, some of which may not appear pertinent, but until the source of infection has been traced and the infectious agent identified, it is not possible to be selective about the inclusion of the data."{R00290/p.161}

ARE TO-DAY'S ILLNESSES "THE SINS OF OUR FATHERS [AGAINST THE MONKEYS] VESTED AGAINST US"?

Articles about laboratory workers and their families being damaged by their contact with monkeys abound, and every now and then have media coverage, but are rapidly forgotten because the greater picture was not known to the public or the health professionals until the publication of this book. Only the guilty know, and they are not telling! An article describing the event, titled with the catchy name: "The Monkey's Revenge", mysteriously disappeared from the bound volume in my city's library. We ordered it from 4 other libraries, through interlibrary loan, and --"lo and behold!"--, it was missing (carefully excised with an Xacto knife, maybe? as it had been removed in San Antonio. Some more monkey business?

The CODE OF FEDERAL REGULATIONS is the primary source of information of how inoculations are *safety-tested* (***danger tested?***) in the manufacturing plants.

Scientists have become masters at the art of legal thinking and writing, that is how to disguise facts by carefully chosen words. If these scientists work for institutions with a commercial interest in the subject they discuss, beware!

On page 21 of MONOGRAPH # 29, Jacob C. Holper, Infectious Disease Research Division, Abbott Laboratories, North Chicago, Illinois, 60064 discusses the sources of primary cells (directly obtained from animal or man), and extolls the fact that: "Because of the importance of obtaining cells free of extraneous, viable microorganisms, many laboratories utilize exhaustive procedures to decrease the possibility of using tissue containing contaminating organisms.For example, chick embryonic tissue to be utilized for production of measles vaccine, should come from flocks pretested to insure their freedomfrom *mycoplasma, salmonella pullorum*, ***some*** [emphasis added] leukosis viruses, fowl pox and avian tuberculosis. These tests need not be done on the flocks, but can be done on the cultured cells. However, economic considerations usually make testing of the flock mandatory."(R00290/p.21)

"Other animals...are usually held in quarantine for several months before use. During this period the animal must remain in overt good health and is submitted to a battery of tests designated to ***minimize*** [emphasis added] the possibility of unwanted agents in the cultured cells from these animals."

He also tells us that some researchers often do serology tests for SV-40 and other monkey viruses, which "report a good correlation between positive serology...and the presence of these agents in the subsequently cultured cells from these animals." However, he says

nothing about correlating ***negative*** tests and presence of contamination, which is really our concern!

THE IMPORTANCE OF ENVIRONMENT AND NUTRITION ON CELLULAR BEHAVIOR

Some of the lessons learnt from the cell culture techniques used to grow commercial cell lines which, the substrate for the growth of viruses for the manufacturing of vaccines, may improve our insight into the problems of cancer and other illnesses.

We often presume that as the embryo matures into an adult the cells which initially are of only one type, differentiate and grow into bone, nervous tissue or skin, to remain in these categories for the extent of the person's life.

Quite to the contrary, the environment and nutrition have dramatic effects on the identity of these cells. "When in Rome, do as the Romans do", says the adage. The cells have learnt from this and change dramatically in response to altered circumstances.

In experiments done by Holtzer and other biologists, (PROC. NAT. ACAD. SCI. U.S.A. :1533-1542, 1960, and J. CELL. BIOL., 28 : 473-487, 1966), it was noticed that the cells of chicken embryo cartilage (the tissue commonly called *grizzle*), lose many of their characteristics when they undergo the treatments used in cultures. Here, they are a single cell layer, instead of the stacked arrangement natural to the living body. Then, they are nurtured on serum and tissue extracts, and they gradually cease to produce their normal chemicals or take up sulphur, as they normally would, to into connective tissue cells (*fibroblasts*) which no longer have a memory of how to behave as cartilage. If the above cells, however, are separated into small portions and grown in a new medium, they surprisingly regain the lost memory and start again behaving as carti-

lage would (Coon et al., PROC. NAT. ACAD. SCI. USA, 55: 66-73, 1966 and SCIENCE 153 :1116-1119, 1966).

Every system must follow some intelligent, orderly commands. In the living body such commands are translated through the genetic system. The chromosomes, the parts that are visible with the light spectrum we can see, do not change, so we must conclude that there must be some variables, some *if* commands, in the submicroscopic part of the software. Do they say: if the environment is A, then do X, if the environment is B, perform at level Y or Z? The biologic software --the genetic material-- somehow translates the commands. We call this software the ***genotype*** of a biologic creature, that which will make a cat a cat, a partridge a bird and a pear tree a fruit- bearing plant. The ***genotype is your type of genes, your personal bar code.***

The way this manifests is known as the ***phenotype***, what each creature physically is.

The capacity of a to visibly change in the presence of altered metabolic conditions, which can be reversed when those conditions are again modified, is now known as ***modulation.*** Tissue antibodies and blood antibodies also change or modulate easily.

Not all characteristics of cells change as readily, though, and some tend to remain throughout the physical life of such organisms. The capacity to induce rejection antibody formation (those formed in an organ transplant) is one of these very permanent traits, as are fingerprints in a person. No matter how many transplants a cell goes through, its capacity to induce a reaction from foreign tissue is unaltered, something we need to consider and be aware of in studying ways to control cancer growth.

THE CAPACITY OF A CELL FROM ONE CREATURE TO INDUCE FORMATION OF ANTIBODIES IN ANOTHER CREATURE IS ITS MOST PERMANENT TRAIT

Another feature that is rather stable and permanent is the presence of certain enzymes, which persist despite modification of the physical appearance of these cells.

These apparently technical and unrelated facts are of utmost importance in tracking the origin of cells used to manufacture vaccines. Despite warnings and rules, unethical laboratories often use cancer-producing strains and other unauthorized materials of which we have to be keenly aware, and which will have to be investigated by motivated grassroots groups who would like to be the guardians of our safety.

Enzymes are often good markers, particularly if there are certain types that are unusual and can be tested for. A certain enzyme that acts upon *phosphorus* compounds (*glucose-6-phospho dehydrogenase or G6PD,* for short, has two *variants.* Enzymatic variants are known as *iso*-enzymes. One of them is abnormal **G6PD isoenzyme A**, which up until the last few decades could only be found in the cells of about 25% of blacks, but is now found in all manner of cells, many derived from the tissues of Caucasians. It also is present in some commonly used lab cells, the *HeLa* strain.

WHAT ALL GOES INTO A MODERN TISSUE CULTURE?

Fickle fingers fate put us into the position of quoting Shakespeare in this text. That admirable connoisseur of human nature accurately defined a contemporary tissue culture in a serendipitous way, as

quoted by Philip White, one of the presenters of the National Cancer Institute Seminar(R00290/p.35), referring to Act. IV, Scene I of MACBETH.

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"Round about the cauldron go:
In the poison'd entrails throw.
Toad that under cold stone,
Days and nights has thirty one
Swelter'd venom sleeping got,
Boil thou first i' the charmed pot."
"Fillet of fenny snake,
In the cauldron boil and bake:
Ewe of newt and toe of frog.
Wool of bat and tongue of dog.
Adder's fork and blind worm's sting,
Lizard's leg and howlet's wing."
"Scale of dragon, tooth of wolf,
Witche's mummy, maw and gulf
Of the ravin'd salt sea shark,
Root of hemlock digg'd i' the dark.
Liver of a blaspheming Jew,
Gall of goat, and slips of yew
Silver'd in the moon's eclipse,
Nose of Turk and Tartar's lips,
Finger of birth-strangled babe
Ditch-deliver'd by a drab,
Make the gruel thick and slab:
Add thereto a tiger's chauldron,
For the ingredients of our cauldron."
"Cool it with a baboon's blood,
Then the cahrm is firm and good."

In a less literary, but far more threatening way, real life's basic components of cell platings of cell cultures used in the industrial

production of immunizations are the tissues which are the source of primary --directly coming from the tissue-- cultures on the one side, and the growth media (nutrient solutions) on the other.

Since the yield of virus will be in direct proportion to the volume of cells in the medium, techniques are constantly developed to increase such harvests.The growth media have been mostly organic solutions, serum and plasma; however, synthetic fluids have been developed and are now currently in use.

In an attempt to control *adventitious* viruses, *aluminum chloride* is often added. We must give consideration to the possibility that *aluminum chloride* may react with *calcium compounds* encountered in the solution and possibly form *calcium chloride*, which is precisely the substance used in genetic engineering to permit acceptance of foreign genetic material by the cellular genome...

OW ARE CELLS PREPARED FOR CULTIVATION?

There are many and divers methods for preparing cell cultures. The common basics include the selection of an organ or tissue, which is later cleaned and all unwanted materials such as blood and fat are removed. The tissue is finely minced with scissors and this heap of particles is treated with *enzymes* (usually *pork trypsin*), to separate and individualize cells, and further remove undesired tissue.

HOW DO YOU SEDUCE MOSLEMS AND JEWS TO EAT PORK? EASY!, JUST ASK A DOCTOR...

***ALL* VACCINES CONTAIN SUBSTANCES OF *PORCINE* ORIGIN**

Trypsin, prepared from porcine stomach, is the enzyme most commonly used to prepare cells for cultivation. It digests protein substances at a pH of about 5 and temperatures ranging from 35 to 37 degrees Celsius (94 to 98 degrees Fahrenheit). Some scientists prefer whole *pancreatin* because it also digests mucus.

After *trypsin* has digested enough protein to individualize the cells, but before it can do damage to the cells themselves, these tissue fragments are spread over extremely clean glass surfaces onto which they attach and spread by doubling until they coat them in one single layer.

The requirements of cleanliness and safety have varied from time to time, and often specimens in use in one year, may be unacceptable the next. Unfortunately the recipients of immunizations made with unacceptable cultures are not notified as they should. Common contaminants are

a.-bacteria
b.-pplo (pleuro-pneumonia-like-organisms)
c.-molds
d.-others

Nobody expects a shoplifter to call the security-guard at a store and say:

--"Hello!, I am a shoplifter, here to steal from you!"--

In a similar fashion, contaminants of cell cultures don't hand you a business card to let you know they are present in some laboratory material. They are only found when suspected and tested for. In the early stages of vaccine work such serendipity was not always on hand, or the criteria of acceptability that were employed were quite different from later requirements. Prior to 1966 in some strains of

WI-38 (WI meaning Wistar Labs) there were such levels of abnormal chromosomes and yeasts in evaluations, that they would have never passed by the standards of that year. Yet *WI-38* were precisely the cells used to make *adenovirus* vaccine, administered to the U.S. servicemen who thought that the biggest danger they faced was the Viet-Cong! {R00290/p.27}

PRODUCTS THAT SOLD FOR A FORTUNE JUST YESTERDAY, ARE THE TRASH OF TO-DAY

COMMERCIAL PRODUCTION OF CELL CULTURES

It has well been said that --"If it works, don't fix it!-- The use of vaccines is an encultured behavior, no more essential to man's and animal's biologic makeup than the use of heroin for the prevention of pain. The production of vaccines may be presented as a health vs. disease issue in the eyes of the scientist, the practicing physician, the laboratory technician, and, especially the gullible public, but when push comes to shove, the primary moving force is the investment vs. yield consideration: the almighty dollar. Manufacturers are motivated far more by boardroom than darkroom pictures and projections. The ethics of those who are genuine scientists are usually trampled to death by the thundering hoards of bears and bulls that roam Wall Street.

Just as a farmer needs fertile, properly treated land to plant his seed to make a crop, the vaccine maker has to have a proper substance (*substrate*) to grow vaccines on. Bacterial vaccines can be grown on broths and nutritional brews of different types, but viruses are more fastidious in their growth requirements, thriving only on living organisms.

Jenner, incorrectly considered the inventor of the so-called *smallpox vaccine* (the virus used in original seeding was, presumptively, but not demonstrably, not *smallpox,* but *cowpox*, now being mutated to one not really existing in nature, that is called *vaccinia*) had to be aware of the disease's need to be grown on a living tissue, as he seeded it on the shaven belly of a living calf, lamb or cow.

In the early days of polio-vaccine, living simians and chick-embryos were used, to grow the viruses needed for this industry, but the more practical and economical use of *monkey kidney cells* laced with *HeLa* preparations shifted the interest to the production of such *fertile territory* to grow vaccine on.

Q: WHAT DETERMINES WHETHER A PRODUCT IS RULED "SAFE AND EFFECTIVE"?

A: MONEY!

The production of cells for commercial use became big business. Although even bigger to-day, it was in 1967 that the important seminar took place and that private and government *experts* alike, decided to sell out all of humanity for another corporate jet and a daily three Martini lunch.

When the NCI held its Seminar # 29, (1967), "the total volume of primary monkey kidney tissue culture commercially produced in the United States since 1954 [was, according to methods of cultivation] :

Monolayers.....950,000 liters
Maitland-type cultures.....759,000 liters
Total.....1,700,000 liters"{R00290/p36}

A liter being a little more than a quart, that's a lot of monkey soup and monkey business.

The NCI speaker on this subject, admits that "the basic purpose of such cell cultures is to make viral nucleoprotein in the highest yield and in the shortest possible time."(R00290) Manufacturing a product for human consumption that is not proven safe is unconscionable, but no brows were raised when speaker Mazia's stated, 15 years into the polio vaccine program and millions of vaccinees later, that "Metabolic studies of dividing cells at a level worthy of modern biochemistry have scarcely begun."(R00290/p.36) which meant that *commercial production was far ahead of any safety precautions.*

VACCINES: THEY ARE ADMINISTERED *BEFORE* ANY SAFETY STUDIES CAN BE MADE!

When at the NCI Seminar # 29, 1968, the discussion came to commercialization of cell cultures, it was Dr. Warren's opinion that two objectives had to be balanced in the industrial production of primary cells: maximal plating efficiency and optimal yield of a reagent. Please, notice, safety is not a primary objective, the only green light is Federal Reserve Green!

For those interested in the commercially relevant factors, they are discussed on page 37, table 2 of the NCI SEMINAR # 29.

Commercial considerations are those that look at the profit and productivity factors. *Contaminating viruses*, smugly listed as *latent interfering [or helper] viruses* do not hurt yield, to the contrary, they usually make it better. They are only a hazard to humans, not to profit, so they are one of the last considerations, mentioned amid "miscellaneous", with no more emphasis than others which offer no danger to the recipients, such as temperature or volume of medium.
It is quite interesting that an industry which on the one hand has repeatedly claimed that careful handling and filtration has eliminated

adventitious (*contaminating*) viruses from its vaccines, deluding the public into that this is actually being done, at least since 1960, sees it necessary to add to such pristine material "*aluminum chloride* to ***control*** [emphasis added] adventitious virus proliferation (as suggested by Wallis and Melnick)[R00290/p.37]. In 1967 this was touted to be one of the three important new development in the cell culture industry, the other two being addition of larger volumes of *adenosine triphosphate* and the *addition of growth accelerators*.

AMONG CROOKS, RULES ARE MADE ONLY TO BE BROKEN

To chromosomes, *snake-eyes* are charm. The chromosomes in normal, healthy cells are nicely paired and matched up, like students spruced up for the prom. Cells with such neat numbers are known as ***euploid*** (from ***eu*** --good--).

Abnormal cells, malignant and pre-malignant, present abnormal numbers of chromosomes. As in any Victorian novel, there may be frustrated loners, *menage a trois* and other arrangements. These improperly mated strands of nuclear material may be harbingers of illness and death. These are called ***aneuploid.***

Until 1988, at least, rules required that cell cultures employed in the manufacture of vaccines be

1.- Primary **2.-** Euploid

The meaning of a word in plain English, as compared to its meaning in *Bureaucratese* may vary. A normal person would interpret Euploid as signifying that the cells must have even numbers of chromosomes. Here is Dr. C.J.Dawe's question to Dr. Holper at the informal discussion following Dr. Howe's presentation at the 1968 NCI meeting:

"Dr. Holper, what level of *aneuploidy* [irregular number of chromosomes] do you accept as being within the definition of normal *karyotype* (the arrangement of the chromosomes) in your cultures? In other words, what proportion of aneuploid cells may you have and still accept is as a diploid cell line?" {R00290/p.42}

--"We have followed the recommendations of the Wistar Institute of Anatomy and Biology [he answered] and now allow 20% aneuploidy."{R00290/p.42}

would be interesting to know what makes the *Wistar Institute* an mniscient authority, that has the right and the know-how to make such a decision, and make it correctly and safely. The Wistar Institute in Philadelphia is one of the commercial producers of such cell cultures, and can surely not be considered to represent an unbiased, scientific point of view. Somebody ought to take a long, hard look at Wistar!

SAFETY FIRST OR PROFIT FIRST?

The choice of cells to prepare cell cultures to manufacture vaccines is a matter that should be approached with great caution. Even the manufacturers share this concern, or, at least, pay lipservice to it. Cells must comply with certain requirements before they can compete or be chosen for this task.

CELLS FOR VACCINE CULTURES MUST COMPLY WITH SAFETY REGULATIONS, WHICH IN NO WAY GUARANTEE SAFETY.

To determine whether regulations are complied with, certain *markers* and *tests* are used which are based on the cell's appearance, chemistry, metabolism, etc.

Cells are like small chemical factories, and different cells produce different chemicals. Chemical selectivity is often due to the presence of highly active compounds or activators known as "enzymes". For instance, the bubbling noticeable when peroxide touches blood is due to such an activator (*catalase*), present in the blood cells which accelerates the release of oxygen from the peroxide.

Enzymes can often be identified not only by their function but by ***electrophoresis***, a process in which an absorbent filter paper is wetted with a solution containing the enzyme. When an electric current is passed through the solution, the larger molecules will travel further and faster than the small ones, under the influence of the electric fields. They will also settle on the paper in positions related to their physical characteristics, and thus differ from each other. Similar but not identical enzymes are known as ***isoenzymes***, and they might be seen as in the next illustration, when they undergo electrophoresis.

ISOENZYMES ARE ENZYMES OF SIMILAR PURPOSE BUT WHICH TRAVEL AT DIFFERENT SPEEDS AND SETTLE AT DIFFERENT SPOTS IN AN ELECTROPHORETIC PROCESS, AND HAVE MINOR DIFFERENCES IN THEIR FUNCTIONING.

One enzyme that has proven important in the testing of cell cultures is ***glucose-6-phosphate dehydrogenase*** (G6PD), a substance normally involved in a step of the metabolism of sugars and certain chemicals. It exists in two *isoenzyme* forms, which manifest under different circumstances. These forms are known as **A** and **B**. The A form used to be found *only* in blacks, but was of late also found in cell

cultures derived from Caucasians who suffered from leukemias. At the NCI Seminar # 29, Dr. W.D.Peterson, Jr., Child Research Center of Michigan, Detroit, discussed the fact that ***all*** human cells containing abnormal number of chromosomes have the isoenzyme known as A, irrespective of the genetic origin of the donors, whereas "diploid and quasi diploid" cell lines manifest the isoenzyme B {R00290/p.55}. Unfortunately, this marker's reliability is marred by the fact that the desirable B marker is also found in "several heteroploid cell strains transformed by SV-40 virus", which is so commonly found in vaccine bearing cultures. The author states that "in terms of the use of heteroploid cells for virus vaccine production, the problems of proving safety are placed at one level. For, if one considers these lines as they now exist as variants of HeLa, the variant with no tumorigenic potential must be selected.". Considering the problems potentially caused by SV-40, safety by G6PD typing is obviously as illusory as the safety of vaccines themselves.

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CHAPTER XX

BLUNDERS AND SNAFUS

HOW RELIABLE OR SAFE ARE VIRAL LABORATORIES?

The average person shudders upon thinking of a *virus*. As anything fearsome and unknown, the term inspires respect, even terror. On the other hand, *virus* is as colloquial to the research scientist as the more innocuous *test tube* or *vitamin*. It has well been said that familiarity breeds contempt, and contemptuous is their behavior when it comes to such a dangerous materials as are *replicable* (reproducible) forms of nucleic acids --the nuclear material of genetic heredity-- which we commonly refer to as viruses.

The *Men Over Life and Death* who reside in the pantheon of ACADEMIA, have become accustomed to have their opinions accepted as *dictum*, an article of faith. Like Narcissus, Demi-God of Olympus, in love with his own countenance mirrored from a quiet pond, they are hopelessly controlled by their own reflection. Images in water are

distorted by the phenomenon of refraction --such as makes a stick appear broken when immersed in water-- Their infatuation eventually renders their own distorted images larger than reality. When refraction is considered identical or superior to reflection, a sense of proportion no longer exists.

In an ATLANTIC MONTHLY{R01120} article that dates back to 1977, its authors state that "researchers have adopted the pragmatic view that animal tumor viruses are generally harmless to people --an attitude now compounded about equally of evidence and faith." {R01120} In discussing the potential dangers of SV-40, the authors had the opportunity to hear from Renato Dulbecco, a tumor virologist who won a Nobel Prize, also known as a developer of different serums to enhance viral growth media. In talking about him they tell us that he "has even been quoted as saying he would drink the stuff." {R01120}

Vanity on the one hand, and greed on the other, often makes us forget that caution, such as discretion, may be the better part of valor. When a veritable war started raging about the issue of safety in the research involving viruses and recombinant DNA, an article appeared in TIME BOOK OF THE YEAR, 1972; the headline "Fear of Frankenstein" depicts the concern of those who could foresee the disasters to come. Whatever the scientific concerns were at the time, which climaxed at a meeting at Asilomar, the biggest danger lay within the human element involved in such perilous pursuits. The ATLANTIC MONTHLY article tells us very graphically: "The scientists came to Asilomar like the barons to Runnymede...The clash of armored egos was noisy. The real serious consequences that confirmed the validity of such fears, were not only limited to genetic research, but to the tools often used, that is, cell cultures". {R01120}

ONE OF THE NOISIEST EVENTS IN SCIENCE IS THE CLASH OF ARMORED EGOS...

Considering that health, or more accurately, sickness care is the largest industry in the U.S., if we add up research with practical applications, relying on agencies and researchers to ensure safety is an evidence of our own folly, often described as letting the chairman of General Motors write specifications for seat belts.

Virologists, in general, spend more time worrying about the accuracy of their grant applications than ensuring the controllability of experiments they consider totally innocuous. They like to adopt a lighthearted attitude about biohazards and feel free to display such philosophy in public.

THE BLUNDERS THAT WERE PROFITABLE, REVEALED BECAUSE OF GREED

Secrets so terrible that they are unspeakable excepting in a confessional, may be made public knowledge when ***profit*** is a motive.

SCIENCE AND HEALTH, GOOD WHEN OFFERED BY RELIGION, BUT FRAUD WHEN OFFERED BY MEDICINE

Last century, Mary Baker Eddy introduced us to Christian Science, in her book SCIENCE AND HEALTH. Late in this century, the first presentation of the May meeting at the National Clarion Hotel was delivered under a similar title: "Cells, Science and Health"; this speech was probably relying on faith from the public as much as any

religious book, yet its intention was not to enlighten, but to dull the minds of the attendants. The choice of the first speaker was, of itself, rather peculiar. He was John C. Petricciani,{R00010} from the National AIDS Program, U.S. Public Health Service, Washington, D.C. The reader may wonder why somebody from that program would be introducing a conference on vaccines, and their manufacturing process, as the public ought to have wondered from the beginning why the National Cancer Institute was in charge of cell cultures and the AIDS program. Is this the proverbial case of the criminals always returning to the scene of the crime?

POINT TO PONDER: WHY IS THE FIRST SPEAKER OF THE CONFERENCE ON CELL LINES A MEMBER OF THE NATIONAL AIDS PROGRAM?

He rapidly reviewed the attitudes prevalent since 1954 about cell substrates for vaccines, then jumped to another process which uses cells: the production of interferon. For this industry, he reported, not normal but *lymphoblastoid* (***malignant***) cells were used in the 70s, a madness that he dignified as being a "bold venture into a prohibited zone."{R00010} When I took flying lessons, many years ago, I was taught that there were bold pilots, and then there were old pilots, but that bold pilots never became old pilots. I wonder if these "bold ventures" might not be equally unsafe.

Money talks, and big money screams; we must hope that his facts are more accurate than his grammar, as he admits that with the "recombinant DNA technology in the 1980's [sic] and the potential usefulness of continuous cell lines in product development, the issue of ***acceptability***[emphasis added] took on a more acute aspect ...to reach a consensus and resolution of regulatory issues."{R00010} Out had been thrown caution and reason: what was a matter of yes or no, black and

white, safe and unsafe before, was now an issue of administrative expedience in dealing with the irrational, the unsafe, the wrong. The WHO, that den of corruption made some affirmative recommendations which John C. Petricciani commends as a "significant shift in attitudes from the narrow and conservative view [that only non-malignant cells are acceptable for vaccine production] to the more enlightened and rational view that a variety of cell substrates can be acceptable [he means those with demonstrated risks for malignant transformation] ***if the manufacturing process adequately addresses points of legitimate concern*** [emphasis added]."{R00010}

What a deplorable misuse of the language! When has anyone ever seen a manufacturing process make any decisions, much less addressing points of concern? How can a "process" engage in any activity, rational or otherwise? Who determines what a point of concern is, and which points are of legitimate concern? The lecturer does not address this, he has done his share of lying and disinforming as concisely as he possibly could, and he yields to the rest of the criminals that are in charge of the *noose* (news?) of the day!

Leonard Hayflick was the second presenter, an old acquaintance from the 1967 meeting of the National Cancer Institute Seminar # 29, Dr. Hayflick had pushed for acceptance of cell-lines for 30 years, and insisted at the 1988 meeting that continuous cell lines were safe (in his and Moorehead's opinion) and that the generally sustained view that they eventually develop characteristics suggestive of malignant change was false.

Scientists seldom give up their pet erroneous ideas; as early as 1963 a committee was created to "overcome the resistance [to cell-line use, resulting in the creation of the Cell Culture Committee (CCC) which then] was to play a significant role in the subsequent worldwide licensing of human biologicals produced in WI-38 and similar HDCS [human diploid cell strains]."{R00290} The reader may want to

address some of the data from 1968 to get a better idea of the dangers encountered in these products at that time.

It was this CCC that had a forefront role in "the licensing of human vaccines produced in WI-38...in 1965 when the ***adenovirus type 4 vaccine*** [emphasis added] produced by Wyeth Laboratories, was used by the U.S. military in recruit training centers where it enjoyed great success for many years."{R00010}(what kind of success it enjoyed, and compared to what, is not addressed, of course). In a flash of probably unintended honesty he added that "technically this vaccine was not licensed by the then Division of Biologic Standards (DBS) for civilian use but was used in the military where their approval was not required."{R00010}

Dr. Hayflick does not seem to worry about the ever-rising numbers of leukemias. Or cancer. Or "AIDS". Or other forms of disease and misery. He reports with pride how the vaccines manufactured on human cell lines were sold in Yugoslavia, the United Kingdom, France, the USSR, and how in 1972 Pfizer was permitted to sell its vaccine in the USA. He looks ahead, into a monetarily rewarding future where cell-lines are used in the manufacture of recombinant DNA products. He knows that there are objections, which he summarizes, the chief one being "the possibility that they may contain adventitious viruses or a latent cancer virus...since all cell lines by definition are karyologically abnormal (have abnormal nuclei) and some produce tumor when inoculated into appropriate laboratory animals." {R00010}So he concludes that "these properties might subject the final product to the risk of contamination with proteins or DNA sequences theoretically capable of producing unwanted effects in recipients." {R00010}

His pride resides in the fact that these lines are safe is the production of the FDA licensed Merck, Sharp and Dohme *Hepatitis B vaccine.* He considers that as a ***model*** of safety. Need I say anything else ?

He feels there is, performing one of the most advanced acts of sticking his foot in his mouth that I have ever seen. He comments on the manufacturer's practice of using "pooled human blood as the source of the antigen."{R00010} (He is still talking about the hepatitis vaccine), apparently comfortable in the belief that if somebody does something wrong it makes his own errors a little more right. He adds probably having difficulty with fitting his shoe in his mouth, that "It is ***unlikely*** that a substrate with ***greater*** actual or theoretical ***risk*** could be found for the manufacture of a human biological than is pooled blood. Yet, despite the use of a system in which, perhaps, ***the ultimate risks are present***, the validation of downstream processing is such that the Hepatitis vaccine manufactured from human blood has produced no untoward effects attributable to the substrate used [emphasis added]."{R00010} Skilful tampering with words, particularly when in the preceding sentence he referred to *cell-lines* as being the *substrate*. A marvelous sense for the obvious, and legal thinking *par excellance*, that will not bring back to life the thousands who took the hepatitis vaccine and have died of "AIDS". Downstream validation, now Dr. Hayflick, what flick are you watching?

POOLED HUMAN BLOOD, SUCH AS USED TO MAKE HEPATITIS VACCINE, IS CALLED "A SYSTEM IN WHICH...THE ULTIMATE RISKS ARE PRESENT..."{R00010}

He still does not know when to shut up, he must add insult to injury and conclude his presentation by stating that "it took ten years of effort for the first biological produced in a human diploid cell strain to be licensed in the U.S.A. [but] only a relatively few months were needed to make ***the riskier leap*** [emphasis added] to the use of cell lines".{R00010} In his own view tainted by hyperbole, sophisms and dialectics "today scientific attitudes toward change are more receptive and the technical achievements made in down stream processing

[he loves to be at the bottom of the dirty puddle, I guess] are such that a human biological can be made safely in virtually any substrate."{R00010}

WHAT DOES DR. HAYFLICK CALL "THE RISKIER LEAP"? USING CELL LINES TO MAKE VACCINES!

He probably had not paid attention to the previous presentation by virologist Masao Ono where *the presence of retroviruses in cell lines* was discussed.

MONKEY BUSINESS REACHES CELL LINE USE!

Lecturer # 3, Dr.B.J. Montagnier from the Institut Merieux in France presented a review} of what was used for the production of many vaccines in France, a cell line developed through the Cell Bank Systems, Cell Seed (CS) and Manufacturer Working Cell Bank (MWCB). The cell line used was the *Vero Cell Line*, that simian strain that came from the *kidney* of *African green monkeys* and was contaminated with SV-40 and other viral particles. Despite protestation as to all the purity evaluations these cells went through, he still admitted that "Sensitive tests were applied to check that residual cellular DNA was as low as possible per dose of vaccine." {R00010}

To me, this spells out very clearly that

a.- Residual DNA **w a s** present in the vaccine;
b.- This was obviously undesirable;
c.- The procedures used to remove the residual were not 100% effective;
d.- The "as low as possible" still involves millions or billions of viral and other DNA specks, unchecked, uncontrolled, unpredictable, and administered with each vaccination.

CULTURED CELLS ARE AS MUTABLE AND UNPREDICTABLE , AS WEST TEXAS WEATHER

How can I categorize the capriciousness of cell-growth characteristics? Let me compare them to West Texas weather, in the Lubbock area, where I lived from 1968 to 1971. When I first moved there, the very friendly natives told me that if I did not like the weather that minute I was lucky, for it soon would change. To my amazement, one early afternoon, shortly after my arrival to that part of the world, I was on an open field, and there I witnessed a thunderstorm, a shower, a dust-storm and a rainbow, all within a square mile radius, at the same time!

That potential for change, mutability and variance is shared by cellular materials in cultures. In a manner reminiscent of the way some Hollywood stars who marry, then divorce and often remarry the same partner, chromosomes often go through the intricate pairing, unpairing and grouping of an elaborate square-dance routine.

The researchers who were present at the NCI Seminar # 29, in 1968 made no secret of this: virologist Dr. F.Deinhardt reports the findings of virologist Dr. Marczynska of his department:

UMOJA RESEARCH

EVEN CELLS DERIVED FROM JUST ONE ORGAN MAY HAVE DIFFERENT CULTURAL CHARACTERISTICS

He "...has studied several cell lines which were all derived from one single nonhuman primate kidney...Eighty to ninety percent of the cells of some lines remained diploid [acceptable double chromosomes] for many generations, became heteroploid [unacceptable, multiple chromosomes] in further passages with less than 20% of the cells remaining diploid, and again shifted to diploidy (80% of the cells) after an additional 10 passages ."[R00010]

At the general discussion following one of the presentations at the NCI symposium # 29, 1967, Dr. D. Franks commented that in his experience cell cultures often were mixtures of different cell types and that whether the testers used *antigen* or *isoenzyme* tests, often more than one type of cell was found in a culture.

Resuming the discussion of the *G6PD isoenzyme* issue, Dr. Franks reminded the attendees that isoenzyme testing presented particular problems because a type B isoenzyme producing cell might be present in a type A culture, and small amounts of B would not manifest in a somewhat insensitive testing system.

TYPE "A" BLOOD SUBSTANCE AND "SOME OTHER PROTEINS" ARE UNEXPECTED MATERIALS PRESENT IN CULTURES USED TO MANUFACTURE VACCINES

Humans have divers blood groups, the most well known are "A", "B" and "O". Blood groups determine compatibility or lack thereof, in blood transfusions. *Animal* blood and tissues contain a substance that is very similar to ***blood substance "A".***

Substances with a proteic structure, promote the production of antibodies when injected. Some aspects of this subject were discussed at the 1967 NCI meeting by Dr. J.P.Fox, who was intrigued about certain myxoviruses which had surface antigens on them. He wondered if they provoked antibody responses in recipients. Dr. Coriell answered, stating that he "had some comments on that in [his] paper, but... cut it out to conserve time". When listening to the verbiage he put out after this it became clear to me WHY he cut out his comment!

VACCINES MAY CONTAIN INCOMPATIBLE BLOOD GROUP SUBSTANCES

"The crude influenza vaccines we have been using in the past do contain group *"A"* blood substance... This substance also is found in chick embryo. So ***either*** the influenza virus has group *"A"* substance in it...***or*** else the vaccine carries some of the chick embryo with it"{R00010}

"And I pointed out there is a lot of chick embryo protein in finished influenza vaccine, and the group A substance ***probably*** comes from the chick embryo tissues, This can be eliminated as a significant problem IF the influenza virus is grown in a ***cleaner*** substrate OR is purified. Certainly, the myxoviruses do carry over some of the host protein [all emphasis added]."{R00010}

Again the total lack of control of procedure, and scientific accuracy is appalling. I think that a butcher places more emphasis in properly dissecting a side of beef, than a cell culture lab in supervising the accuracy of such a dangerous undertaking.

The statement about *myxoviruses carrying over* some host protein intrigued Dr. Fox, who asked: "This is incorporated during the virus particle formation?"{R00010}

Dr. Coriell seems to be always cheerful. I picture him stomping his feet to bump off the snow on a blustery day and shouting: -I am here, the party can now begin! In this case he answered: "Right." He did not hesitate or doubt this point at all. He explained that this mechanism was the probable reason for the reaction to live measles vaccine by patients who have had killed vaccine before. This seemed not to bother him at all. He even ventured his best scientific explanation: "perhaps the patient is sensitized to some protein other than the virus."{R00010}

The unknown is, certainly, the fabric that research is made from, but using humans as guinea pigs, at their expense, and under fraudulent pretenses is not a natural technique of ethical science. People have a right to know the extent of the risks they take when they are given an inoculation, and the lack of real risk if they do not take such inoculation. They have a right to be protected from governments which foster monopolies, especially medical monopolies. Worse yet, monopolies of mad, vain and abusive scientists who are empowered through police powers our forefathers never dreamt of authorizing, to impose their filthy sorceries under the guise of "protection". Given a choice, I think I would rather deal with regular criminals who subscribe to some code of ethics.

His scientific thought is admirably scattered and systematically unsubstantiated: "I think when you examine that, it really does not hold up very well, because *if the patient is sensitized by the killed vaccine to some protein from the host cell, then you must explain how the reaction to a subsequent live virus can also be precipitated by wild measles virus. Presumably*, the infectious dose is *a very few* particles of virus. And they have to carry enough host antigens

attached to *a few* particles of virus to cause a *widespread* vasculitis, [inflammation of the small blood vessels], 7, 8 or 10 days later [all emphasis added]."{R00010} If this were not enough to give us a sampling of the type of scientific background we are dealing with, let's continue quoting from Dr. Coriell's candid informal remarks: "I just *don't think it is possible.* The explanation is *not obvious, but i think something happens* to the killed measles virus that alters it, so it combines with host tissue and produces an antigen-antibody-antigen complex which is stimulated later by introduction of only a portion of the antigen [all emphasis added]."{R00010}

If we think that the above is enough to cause some concern, we can really only hope for the best upon listening to the finishing clauses of his analysis: "Another *unknown* [emphasis added] factor is that the killed measles vaccine, produced in monkey kidney and concentrated, does contain quite a lot of non-viral protein as compared to inactivated polio vaccine which is not concentrated. Periarteritis *nodosa* is a type of reaction." I think I will let the facts speak for themselves.

PERIARTERITIS NODOSA IS A TYPE OF REACTION RELATED TO PROTEINS IN MEASLES VACCINE

One common source of *allergic reactions to vaccines*, due to their presence in the vaccine material, is *contamination with antibiotics.* They are added to the cell cultures to prevent infections, and are most commonly penicillin and/or streptomycin. The original Salk vaccine frequently contained penicillin. We must ask ourselves how

many of the people who are now allergic to penicillin or had serious, even fatal reactions to this antibiotic, were maybe sensitized by the administration of this substance, camouflaged in a vaccine. Another antibiotic, neomycin, presents the additional problem that it acts as a *fertility* or recombination factor between microorganisms, promoting the formation of new and more virulent strains.

Other strange substances are used in the manufacturing of vaccines, which subsequently injected in humans, may invite the development of unusual allergies. One of them is, believe it or not, silk. Used in the form of filtration material, it may cause "severe, immediate allergic reactions to a variety of biologic products administered by the parenteral route."{R00290/p.183}

Horse serum is very antigenic. Up to 50% of individuals receiving the old-time tetanus treatment, reacted to it. Lesser known is the fact that the growth supplements in some of the older polio vaccine products had horse serum in them. Since this has been corrected, only us old-timers from before the early sixties will have to be watchful for this specific side effect of vaccines.

Murphy's Law states that "If anything can go wrong, it will", and that "If several things could go wrong, the worst one will go wrong first." If vaccinists would have born this in mind, we might have no "AIDS", no cancer, no cardiovascular or diabetes...

IMAGINE, NO DISEASES,
NO PAIN, NO HURTING TOO...

UMOJA RESEARCH

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Cumulated
Index
Medicus

WHEN IS A VOLUNTEER VOLUNTARY, AND CONSENT REALLY INFORMED?

Nuremberg, quaint old German city...
Nuremberg, 1933. Anti-jewish Genocide begins.
Nuremberg, 1945. Nazi trials are to show the world how we feel about human experimentation

In Nuremberg it was established that the lilly-white jurists born in the "democratic" nations perceive that every person is responsible for their own actions, even under a military hierarchy. Many faced prison and death for their role in human experimentation. Simon Wiesenthal and his cohorts spent countless years and large sums of money to track down Dr. Mengele, *angel of death* and many others, for subjecting human beings to *scientific experiments*, without obtaining their informed and free consent.

All people may be born equal to the law, but some are probably more equal than others. Such law establishes that *informed consent* must be given by a person before being subjected to a treatment. This implies that the person be extensively educated in the nature of the treatment, the risks involved, the risk vs. benefit ratio, and, should the treatment be experimental, that fact must also be disclosed to the subject.

THE MILITARY IS USED IN HUMAN EXPERIMENTATION DAY-IN AND DAY-OUT. THEY ARE, UNBEKNOWN TO THEM, GIVEN CANCER PRODUCING VIRUSES, WHICH ARE TRANSMISSIBLE

The natural law, that people have certain inalienable rights such as life, liberty and the pursuit of happiness, and that they have a right

to be secure in their persons and possessions, is affirmed by the U.S.Constitution. The care and comfort of one's body and mind certainly underlay any quest for personal happiness. Therefore, it must be unlawful to experiment with human beings, except with their permission, freely given. This does not hold true under military rules. Armed forces personnel may be subject to experimental treatments without their consent. I wonder how the GIs who were involuntary subjects of this experimentation feel about it?

DO "JOHN AND JANE DOE VS. SECRETARIES CHANEY AND SULLIVAN" STAND A CHANCE?

In early 1991, a new episode in the battle for freedom from *involuntary participation in medical experiments* took place. Public Citizen, Ralph Nader's organization, filed a Federal Suit 91-51, "John and Jane Doe vs. Secretaries Chaney and Sullivan." They were trying to block the government from using GIs as unwilling guinea-pigs to experiment with untested and unproven vaccines to protect the soldiers (allegedly) against certain bio-warfare materials. Unfortunately, the courts apparently threw the case out.

Dr. Hayflick seemed to feel confident that the deity of science had given him and his cohorts inalienable powers above the rights of others, in the name of progress and research. It was 1967, we were smug in our self righteousness, and had not yet bled through the last 5 years of Vietnam. Without showing any self doubting, he stated {R00010/p.88-89}:

"In recent years, over one million people have received trial vaccines produced in the human diploid cell line WI-38 to such virus diseases as those caused by poliomyelitis, adenovirus type 4, rhinoviruses,

and rubella. No untoward results have been observed. Oral poliomyelitis vaccine produced in WI-38 were first made and administered in the United States and then in Europe to a total of 400,000 children. This vaccine has been found to be efficacious and to produce no untoward results. An adenovirus type 4 vaccine, also produced in WI-38 and administered in enteric coated capsules, has now been fed to 600,000 men from 1965-67 in recruit training centers in the United States. No untoward effects have been observed and a significant reduction in respiratory infection due to adenovirus 4 has been observed".

t is worthwhile analyzing several of these statements in further detail. Before I started writing this book, I sent a Freedom of Information (FOIA) letter to the NCI, NIH and FDA. One of the requests dealt with the inoculation of the 600,000 men, with the ***adenovirus*** vaccine. *Adenovirus* vaccines had been delicensed for human use in 1962 because of their high index of cancer production. Then they began to be manufactured with human embryo cell lines (not licensed in the U.S.A.) and administered to the military under a special dispensation the perpetrators referred to as: the "Kefauver Act". It was mind boggling to me and some others how this extremely dangerous product was given to so many individuals, particularly in their sensitive position as defenders of their country. These men who were then between 17 and 19, would be around 45-49 years old in 1990, and have been in their early thirties the beginning of the 1980s, if they did not die in Vietnam or in some "AIDS" ward in the U.S.A..

In case somebody wants to shed doubt about such atrocity ever having been perpetrated in the U.S.A., Dr. Hayflick adds some supporting data for his 1968 audience, from a "Personal communication from E.L. Buescher, Col., MC, Principal Investigator, U.S.A. Med. R & D Command Project 3AO14501B71Q, Communicable Diseases and Immunology, Task O1, Work Unit 166, Viral Infec-

tions of Man. Harry M. Rose, MD.., collaborated in this work." (R00010) He adds the following information: "This vaccine field trial was sponsored by the Naval Medical Field Research Laboratory, Captain James H. Boyers, Commanding Officer, and is the result of a collaborative effort between the Bureau of Medicine and Surgery, U.S.Navy, and the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland". (R00010)

Considering that most viruses that cause harmful effects are usually of the slow developing type, and that severe sequelae, especially malignancies have a latent period of many years, it is quite surprising to encounter a statement such as "This vaccine has been found to be efficacious and to produce no untoward effects in the recipients". (R00010) These recipients have only had 4 years to develop symptoms, at the most, and the military recipients only 1 to 2 years. No mention is made of what criterion is used for broad-sweeping conclusions such as that the vaccine was "efficacious" and produced "no untoward effects". In the absence of proper criteria, those statements make no sense at all.

EXPERIMENTS ON HUMANS ARE EUPHEMISTICALLY CALLED "FIELD TRIALS". I THINK A "FIELD TRIAL" SUCH AS NUREMBERG SHOULD BE HELD FOR THE NEXT 10 YEARS ON SCIENTISTS, BUSINESS PEOPLE AND POLITICIANS WHO HAVE KNOWINGLY OR NEGLIGENTLY FORCED UPON THEIR FELLOW MEN THE BIGGEST ATROCITY IN HUMAN HISTORY –MASS VACCINATION WITH CANCER CARRYING PRODUCTS–

Proper scientific standards require unbiased testing to find out IF a certain product does (or does not) cause ill effects or problems. One

does not set out to ***prove*** a statement, because such is the nature of projects of a totalitarian government, not of an unblemished scientific investigation. However, in the case of these vaccines, "...at the request of Dr. Shannon, the Director of the National Institutes of Health, a Task Force on Tissue Culture Viruses and Vaccines was established in 1962 to review knowledge on the precise topic of this Conference. This report, published in 1963, contained suggestions on what sequential steps should be taken *to demonstrate* (emphasis added) that a continuously propagable cell population was satisfactory for general production and use. After trials performed on small numbers of volunteers it was concluded: 'If all has gone well, the fourth step might be a larger field trial of the vaccine involving several thousand persons. If the results continue to be favorable, the next step might be a large scale field trial as a prerequisite to approval for general production and use'..." Later on he remarks "In view of the several additional serious risks of using primary populations realized since the report was written and culminating in the present serious situation where vaccines produced from green monkey kidneys are not being licensed in this country, I am hopeful that a new impetus will be given to these considerations --especially since, in the same period, only favorable experiences have resulted from the use in one million people of vaccines produced in the passaged human diploid cell population WI- 38". {R00010} Dr. Rapp asked Dr. Hayflick some very specific questions.

b.-Whether he had "any idea why the human diploid cells were apparently *so* germfree? [emphasis added]."{R00010/p.106}

.-"Does he feel that enough sources had been adequately tested?"

c.-"what would he recommend for testing these cells? He mentioned that "they were not oncogenic but [he] did not know how this ha[d] been done."

Whereas the *promoter* in Dr. Hayflick runs where angels fear to tread, where the *scientist* in him is incredibly sloppy and unscientific, his internal *lawyer, entrepreneur* and *bureaucrat* are careful and slick, and have a powerful and intense dislike to answer direct questions. Dr. Hayflick's fake self-assurance faded rapidly as he answered:

"I don't want to make a categorical statement that these cells are 'germfree', as you put it, other than after they are autoclaved"{R00010} (a form of heating under pressure for sterilizing surgical materials). *Autoclaving*, of course, would be out of the question, because after an autoclave treatment the cells would be very dead, and no longer able to support the growth and reproduction of viruses. "I think we are concerned here with relative risks. If one is considering the relative risks of using primary cells versus WI-38, it seems quite obvious from all the work done with WI-38 (they have been tested for viruses repeatedly by several dozen laboratories) that these cells do not appear to have latent viruses by any known test."{R00010} He then goes on by saying: "As to your second question relevant to oncogenicity, other than satisfying ourselves that they are not oncogenic when inoculated into the hamster cheek pouch, which at best is probably a suspect method, these cells have been inoculated directly into man". {R00010} What he is referring to is an experiment where WI-38 and HeLa cells were both injected into the forearms of terminal cancer patients. The HeLa cells formed tumors which had to be removed. Of course, the HeLa cells are actively reproducing cancer cells, and comparing them to healthy cells which *might* carry cancer producing chemicals, is like comparing a bazooka and a bi-bi gun: no potential agent could grow tumors that fast.

He finished by stating that : "Again this question is one that cannot be completely and absolutely settled, but as far as the relative merits of culture systems are concerned, it is clear to me that certainly not many of you listening here today would want to risk inoculating

primary monkey kidney or primary chick cells parenterally [by piercing skin or membranes] into man."{R00010}

Of course, that statement simply suits the preconceived conclusion that vaccines are indispensable and the only existing options are the use of primary monkey kidney or chick cells. No thought is given to the real alternative that vaccines are probably totally unnecessary and that if one decides to use any, homeopathic and synthetic types are available.

It also reiterates the well known fact that primary monkey and chick cells are very dangerous, and that this totally unsafe procedure had been carried out more than a billion times in the 15 years prior to this seminar, knowingly and premeditatedly.

Several questions come to mind at this point:

What are "favorable" results, and how do you standardize them?

Which vaccines from *green monkey kidney* **have not** been licensed here?

Why was the 1963 meeting for standards held in a totally obscure location, Opatija, Yugoslavia?

Could the fact that WI stands for Wistar laboratories, Dr. Hayflick's employer at the time of the seminar, and ex-employer later on have influenced his attitude towards WI-38?

CHAPTER XXI

HUMAN EXPERIMENTATION, CANNIBALISM AND CHILD ABUSE ARE ALIVE AND WELL IN VACCINE-LAND

WHAT'S ON TO-DAY'S MENU? MONKEY BROTH AND HUMAN CANCER STEW. HUMAN EMBRYO FOR DESSERT

THIS IS THE NATIONAL CANCER INSTITUTE.

Bon Appetit

People are usually concerned about what they put in their mouth, even more so, what they feed their children. It is highly questionable whether they would knowingly swallow monkey broth, or feed it to their offspring, if they really had an informed choice. It is even more questionable whether they would consciously commit (or cause others to commit) cannibalism by eating cell concoctions produced

from human embryos (unborn babies) and other such "abominable things". Keeping unpalatable truths away from the public's awareness is extremely important in industries that depend on fraud and disinformation; that is where acronyms and other alphabet soup euphemisms come in handy. How safe does it seem to be offered a *healthgiving* thimbleful of HDC line WI-38! Does it not sound much better than saying :

--"Mary, it's time now, to have your dose of human embryo consomme, made from tissues grown at Wistar Labs, batch 38"--

To the average person, the very idea of *human experimentation* is totally unacceptable, so they block it out from their awareness. Considering the possibility that such abominable practices could be carried out in our presumed to be pristine, health facilities as a matter of daily routine basis, invites responses that range from panic to ridicule. Many were convicted and punished in Nuremberg for such crimes, the United States has publicly pronounced itself in opposition, and therefore could never do such horrible things. An this should settle the matter in the eyes of the public. Yet, reality may be quite different.

Vaccines, their effects and statistical studies thereof, can only be done by their administration to large numbers of individuals. Obtaining *proper* informed consent under such conditions is totally impractical, so *vaccinators* use their "***INGOT***, we trust" to wield the magic which turns expediency into principle. They do what they have to do to appease the money and power elites, and later refer to such research, where humans are tricked into being guinea pigs, as *field trials*, or *controlled clinical studies*.

In such a *field trial* (a term which arouses in my mind images of happy children chasing butterflies in ankle-high meadows of butter

cups), 2,000 children from the U.S.A., Sweden and Switzerland were inoculated with live polio vaccine produced in human cells, and in Yugoslavia 200,000 children received equal treatment. The latter were inoculated from 1963-66.

Interestingly enough, Dr. O.G.Andzaparidze from the Moscow Research Institute for Viral Preparations, from Moscow, U.S.S.R., after reporting on the above groups states that "The results thus [sic] far have been obtained in a field trial involving 5,313 children. Half of these received the Koprowski strain of type 3/WM-3/ vaccine prepared in HDC line WI-38 vaccine and the second half received the same vaccine prepared in monkey kidney tissue culture (*MKTC*). The groups of vaccinated children were similar [what kind of similarity?]." "The health of the vaccinees was assessed through clinical diagnoses made by their physicians. There was no difference in the incidence an kind of diseases and symptoms recorded for groups vaccinated with the HDC line WI-38 vaccine and the groups vaccinated with the MKTC vaccine."{R0290/p.503}

"Special attention has been paid to infectious hepatitis because of the possibility that this virus might be present in tissue cultures of human origin. During the 12-month observation period, 6 cases of infectious hepatitis were recorded in the groups given the HDC line WI-38 vaccine and 7 cases in the two groups given the MKTC vaccines. Based on these data, Dr. Ikic [the director of the Yugoslav program] concluded that the HDC line WI-38 does not contain infectious hepatitis virus or any other known pathogenic agent."{R00290/p.503}

This is very interesting, if we analyze the actual words in detail. Obviously the physicians involved in the studies did the following:

a.-Selected groups of human children guinea pigs from the U.S.A., Sweden and Switzerland, a total of 2,000.
b.-Selected 200,000 human children guinea pigs from Yugoslavia;

c.-Tested on them a vaccine made from embryonic cell lines

d.-Watched them, as one would do with laboratory rats, for side effects from such a procedure;

e.-Assessed the health of their test subjects by the reports of their own physicians (no provisions are made for visits to other doctors, protocols, tests, uninoculated groups, placebo-treated groups, etc., at least to the knowledge of the ones listening to the presentation);

f.-Paid special attention to the incidence of infectious hepatitis to see if "the virus might be present in tissue cultures of human origin"(R00290/p.477)

g.-Based conclusions of universal impact on such superficial evaluation;

h.-Concluded that the embryonic cells HDC WI-38 were free from "hepatitis virus or any other known pathogenic agent" because of these ephemeral studies and the equal number of hepatitis cases (with no untreated controls);

.-Obviously did no viral studies, antibody studies, etc., or long term studies for immunodeficiency, autoimmune phenomena, sterility, birth defects, etc.

j.-This report supposedly covers 5,313 children, but it is not stated which group they belong to, what ages, nationality, etc.

k.-none of the observation periods was long enough to detect changes in oncogenicity and chronic problems such as neurotropism, autoimmune disease, etc.;

The issue of medical follow-up of Dr. Ikic's children-experiments was of interest even to some of the attendees, such as Dr. Murray who wanted more specific information on the issue of the children who were immunized in his project. Dr. Ikic's answer showed his outstanding training in disinformation and dialectics:

--"All children included in the study were under the control of their medical centers. Each child had his file in the medical center it

belonged to, and the medical centers, from time to time organized routine controls and examinations of the children in the areas. Histories of diseases were kept in the records of the medical centers."-- {R00290/p.504}

A wondrous fete, to be able to use up several dozen words and not add one fact to the information given! Incidentally, the American studies were done by Dr. Hayflick, who had a vested interest in positive results, since he worked with Wistar labs as did Dr. Koprowski.

One question is particularly important: how did they find 2,000 American, Swiss and Swedish families willing to participate in such madness, or, how much informed consent did they really obtain? How did they find 200,000 Yugoslav sets of parents to participate, or, is it easier to snatch children in a communist country?

INHUMAN TESTS OR TESTS IN HUMANS?

Not satisfied with feeding human flesh to 200,000 plus young beings, the same experiment was pulled on 42,000 young adults who were fed, probably totally unbeknown to them, human broth containing type 4 adenovirus, in an "*enteric-coated dose form*" (that is a capsule that does not dissolve until it reaches an appropriate part of the intestine, after bypassing ***the hydrochloric acid*** of the stomach ***which is one of the body's protection against germs***).

Human cell lines were also tested as a supporting growth medium for live measles vaccine. These studies were performed in Moscow, and if precedent sets policy and politics determines statements in the U.S.A., how can we trust any reports from Moscow when they are directed to inform American laboratories of how to prepare products geared for the treatment of American people?

Similar tests covered live polio and rubella vaccines. Most of these studies were performed behind the iron curtain: visibility is greatly impaired through such a dense fabric...

All reports were glowingly positive, exonerating the cell lines from any of the side effects occurred, which are mentioned but not explained or detailed. So much for the credibility of these scientists!

If we believe that human experimentation without informed consent can not happen in the United States, please, think back on the events in Tuskegee, Alabama, described in the early seventies in the book BAD BLOOD. It tells of human experimentation in which over a hundred black men were left untreated till they died of syphilis, in a study on the therapeutic value of penicillin.

In another experiment, Dr. Hilleman himself, proposed health messiah, set out to develop a ***parainfluenza*** vaccine in the early sixties to be administered before "exposure to natural infection"{R00290/p.478}. Why did the researchers not evaluate the protective effects of 10,000 mg. of vitamin C or thymus extract? Is the purpose really protection, or is the purpose to make a marketable product that can be mono polized? And why *parainfluenza* anyhow? Even Dr. Hilleman admits that "natural infection with parainfluenza 1 and 3 viruses was uncommon in the study population during the period of the investigation".(AM. REV. OF RESP. DIS., Vol. 87, No. 2, Feb. 63, pp.165- 180). Despite such uncommonness, the evaluation in human guinea pigs was commenced. "Two groups of 24 children aged 9 to 17 years (mean 13 years), who were in an institution, were given three 1-ml doses of vaccine intramuscularly at one month intervals and all received a 1-ml booster dose six months following the third vaccine injection. A third group of children who were not vaccinated served as controls. All children ***were bled*** [emphasis added] prior to vaccination, at one month after the first, second or third dose, and prior to and three weeks following the booster dose." {R00290/p.478}

Since we can only judge a situation from ***our*** frame of reference, and we ***presume*** that the purpose of developing immunizations is to build up defenses against potential contagious illness, we have trouble seeing that others maybe prefer to create illness and death.

Dr. Hilleman tells us that "The studies ***did not*** [emphasis added] include evaluation of the vaccine in terms of prevention or attenuation of natural parainfluenza in the subjects studied!"

If such was not the purpose, one can't help but wonder why 72 institutionalized children were subjected to painful and potentially hazardous inoculations, (***were bled***--an expression usually reserved for laboratory animals, humans have their blood drawn--) and why the money was wasted to begin with. It would be desirable to obtain some clear answers as to the whereabouts and condition of health of such children at the present time, and to evaluate the informed consent forms that their parents or guardians signed.

I am sure that surprises would abound.

ADENOVIRUSES -- HARBINGERS OF DEATH

Of all the bizarre, even criminal activities related to vaccine manufacturing and distribution in the U.S.A., the story of the ***adenovirus vaccines*** surpasses the evil and sordid details we know about any of the other form of exploitation of the human species.

As the story begins, we first must ask ourselves a question of fact:

UMOJA RESEARCH

HOW SERIOUS A PROBLEM ARE ACUTE RESPIRATORY INFECTIONS IN THE POPULATION?

Humans get colds, maybe one or two a year; the seriousness of the health consequences of such conditions is minimal. Epidemiologists and statisticians produce figures that even at their worst are not very impressive. In the years preceding the 1967 NCI seminar, as well as in the previous 15, the early period of experimentation with adenovirus vaccines, the prevailing figures for loss of work and loss or chooling due to URIs (upper respiratory illnesses) were 4 and 6 ays, respectively.

Of these already rather unimpressive figures, only a small fraction is due to disease caused by adenoviruses: others are caused by the ERC (ECHO, Coryza, Rhinovirus) Group, reoviruses, Eaton agent or pleuropneumonia-like organism, and others. In fact, judging by my experience in twenty years of practice, many of the illnesses classified as Upper Respiratory Infections are just allergies, hay fever, and more often than not, simple excuses for absenteeism or hangovers. Although when taken as a bulk figure, the total man days of colds may range into the millions, to each individual the losses caused by such minor illness are negligible. Only societies in which men are chattel or resources, can perceive those figures as significant.

But the facts and the hype are two different things, and hype knows how to play the big numbers game, to get the big bucks to seduce unscrupulous businessmen and researchers. During the years 1959 and 1960, Dr. Hilleman was engaged in the study of the types of viruses which caused colds in different population groups, and published a summary of his findings in THE AMERICAN REVIEW OF RESPIRATORY DISEASES, Vol. 87, No. 2, Feb. 1963.

It reaffirmed what we already have stated, that adenoviruses are of relatively low importance in the causation of colds, and the rather skimpy showing of this agent as the cause of illness seemed to predominate among enlisted personnel. They "were first discovered in 1953, by application of cell culture technology. This [was] a very heterogeneous family of agents." {R01511/p.168}. As we may find with any other germ, *adenovirus is represented by various strains. The most common types found in recruits are 3, 7, 14 and 21,* as reported by Hilleman, who also found that *type 8* was usually associated with *epidemic keratoconjunctivitis (pink-eye).*

So, Hilleman, proud of his accomplishments, could dream of the benefits of a vaccine containing epidemic virus types 3, 4 and 7, which were propagated in monkey kidney cell cultures. He stated that vaccines of ***adequate potency might*** be expected to be effective well above 90%. He informed that he was aware that problems of vaccine manufacture were great and precluded easily obtainable adequate supplies of properly potent material.

His statements can only be readily interpreted if one can guess at his interpretation of:

a.- adequate potency; **b.**- might be expected; **c.**- effective.

Actually, when experimentation progressed, problems developed, but no comment was made about the fact that as the number of vaccinees inoculated in the military with *adenovirus 4* increased, prevalence of other types of adenovirus progressively developed, while type 4 was no longer found. *Vaccine produced in monkey kidney cultures was found to be so highly* ***oncogenic*** *that licensure for human use of this product was discontinued.*

But, if we back up in time, we'll find out what really happened to sales and administration of this dangerous biological material. These

adenoviruses, imputed to cause atypical pneumonia and catharral fever (mild upper respiratory infections) which occurred in epidemics in the Armed Forces, and were initially described by M.R Hilleman and fellow researcher J.H.Werner in 1954, as an organism recovered from individuals suffering from respiratory infections, which they called "RI" for short; and later on studied by W.P.Rowe and others (1953), who found it growing in adenoids, and called it "AD", obtained rather unexplained sudden celebrity status.

WAR ON COLDS, OR COLD WAR: ADENOVIRUS VACCINES

The fact that something is feasible creates and irrepressible urge in some researchers to put theory into action, no matter how worthless the project. To test a vaccine, 42,000 human guinea pigs were selected 29,000 of the human guinea pigs had no antibodies to the disease at the time of inoculation (which makes one wonder why the other 13,000 were still vaccinated, if they did have antibody. Or, were they maybe not tested. the vaccinators were not concerned so much about the viruses as the human cell lines, anyhow... Although no mention is made in the article about the occupation of these individuals, a sentence gives the secret away: "This asymptomatic infection rarely, if ever, spread to the contacts in personnel of military installations or prisons."

Adenovirus type 4 grown in human cells (embryonic cell lines known as HCL lines WI-38, for Human Cell Lines from Wistar labs, batch 38-) was given ***experimentally*** to human test specimens, mostly recruits and prisoners who had not clearly been appraised of the risks involved. These caused an intestinal infection that, according to the experimenters, Dr. Bierly, from Wyeth Laboratories in Marietta, Pennsylvania, as quoted by Dr. O.G. Andzaparidze from Moscow Research Institute for Viral Preparations, Moscow, U.S.S.R. "If virus was fed the subjects 2-3 weeks before exposure to natural infection, the vaccine prevented 95% or more of type 4 adenovirus-associated

acute febrile respiratory diseases".{R00290/p.478}. This information was obtained from Parris Island, S.C. for a period from 1964-66. "When vaccine was administered to recruits upon arrival at a base or during the first week of basic training, or, in other words, at the time of, or during, the first few days of exposure to endemic wild adenovirus 4 infections, it was less effective but still prevented 70% or more of type 4 adenovirus-associated acute respiratory diseases.... The virus used in the vaccines was not detected in the respiratory tracts of the recruits."{R00290/p.478} This latter research was done at Great Lakes Naval Training Center, Great Lakes, Illinois, 1965, and in Fort Dix, N.J., 1965.1966.

If the reader thinks that the style and information in the above paragraph stinks, with which I wholeheartedly agree, he must still indulge in the next one:

"Silent, enteric (*intestinal*) infections induced by the vaccine ***did not*** prevent respiratory infection with wild adenoviruses. However useless the enteric infections induced were, as was the whole process, he must still indulge in the next one : "and significantly reduced the incidence of acute febrile respiratory disease, and to a lesser extent, afebrile respiratory disease caused by *adenovirus 4*."

"Live, oral, type 4 adenovirus vaccine *did not* prevent acute respiratory disease caused by type 7 adenoviruses. The use of type 4 vaccine...was not followed by any abnormal signs or symptoms, disease or side effects in carefully followed and studied groups of adults ...oral administration...is a simple, safe and effective method for active immunization of adults against acute respiratory disease caused by adenovirus 4." {R00290/p.478}

Careful analysis of the statements made indicate that 42,000 young male recruits and/ or prisoners were used for ***human experimentation with a virus that was under strong suspicion of causing***

malignancy, especially leukemias, and long after the original product (adenovirus vaccine manufactured in monkey kidney cells) was ***delicensed*** for human use. Hence, the mafia of vaccine-land decided to try their luck with human-cell based adenovirus vaccine, despite the fact that not only was SV40 a cause of malignancy, but *adenoviruses* were found to be malignant on their own merits!

The researchers justify themselves before the public, pretending they have our best interest at heart. So, what were the *alleged* advantages of adenovirus vaccines? reduction of 95% or more of type 4 adenovirus-associated acute febrile respiratory diseases" but, what is the actual incidence and seriousness of such a condition? a series of diseases that are 1) acute; 2) accompanied by fever; 3) type adenovirus 4 associated? what was the gain? And this reduction was only obtained IF the vaccine was given 2-3 weeks before "exposure to natural infection".{R00290/p.478} How would these subjects have fared if given 10 000 milligrams of vitamin C daily? Why was no controlled study run on this economic and wholesome possibility?

The use of humans for medical experiments is not only a common occurrence in the U.S.A.. The figure mentioned, 42,000, is actually rather conservative. It is paled by the fact that Dr. Ikic from the Institute of Immunology in Zagreb, Yugoslavia, admits to having treated "over the period of 1966-67...approximately 400,000, principally among the armed services personnel." {R00290/498}

The report, produced by M.Z.Bierly, was quoted by Dr. Ikic at the 1968 meeting of the NCI, obviously from a copy of the original manuscript, because the finished product was still in press. Dr. Bierly did not use his words as carefully as others, but was right to the point, calling it: "Summary of investigations in humans carried out to establish the clinical safety and effectiveness of adenovirus vaccine, live, oral, type 4."...{R00290/p.485-494}

Always eager to extoll scientific accomplishment and cash profits, when Dr. H. Tint from Wyeth Laboratories summarized various comments covering the subject of mass vaccination using cell lines (cell cultures), he trumped up the numbers of vaccinees from 1/2 million to 1 million, a figure expected to be arrived at rather soon, a year from the date of the seminar. He also added that the benefits to health from the adenovirus vaccine were considerable, "in reducing specific disease and hospital admissions".{R00290/p.499}

The most fascinating comment in regard to the appropriateness of the Adenovirus vaccine was a product of Dr. H. Tint's "genius" who was of the opinion that any doubts as to the effectiveness and safety of this vaccination produced on WI-38 human embryo cell lines, was somehow unacceptable, a "situation...approaching academic proportions ***because a consensus has already been reached*** [emphasis added] by the people responsible for the planning, conduct and authorization of these trials that, in fact, for the purpose intended, it was indeed a safe procedure to undertake."{R00290/p.499} Ergo, truth by acclamation! If that were not enough to make the premise true, he added that "the subject numbers were, in fact, only two to three magnitudes away from matching the entire population of the United States." {R00290/p.499} This is a big favorite with politicians, who confuse scientific reasoning with rhetoric on the basis that "if everybody agrees, a fact could not be wrong and a minority of disagreeing individuals must be in error, or crazy."

THE GAME OF LARGE NUMBERS

Every vaccinist prides himself to deal with high rates of contamination, oh, please excuse, immunization. Dr. E.L. Buescher felt it imperative to tell that the figure of 1/2 million, trumped up to 1 million, was probably only 250,000 to 300,000, for he "still (had) 200,000 doses in [his] freezer." {R00290/p.499} A difference of 200,000 out of 1/2 million is statistically highly significant, and one can't but

help wonder how accurate their scientific observations might be if they couldn't even agree on basic figures.

He also chose to disagree with Dr. Tint's optimistic view on the effectiveness of adenovirus 4 vaccine, implying that the 200,000 doses were withheld from use for reasons of certain dangers. "It is perfectly safe to administer this vaccine to individual men...[he said],...but in the process of its mass application from the middle of November of 1966 through the end of April 1967, we have effectively created an ecological vacuum in the military populations that received the vaccine. This ecological vacuum has been like all ecological vacuums --nature abhors them. It has been filled by yet other pathogens, so that at this time in the United States, the significant pathogens causing acute respiratory disease in the young, basic-combat trainees is no longer type 4 but adenovirus type 7. Furthermore, on at least one basic combat training post, adenovirus type 21 has also been established." Dr. Buescher was quite honest, even more so in his further direct statement: "From a biological standpoint, it ***does not*** make sense to extend the use of *adenovirus type 4* to prevent disease caused by other types. Caution, therefore, is going to be exercised in the administration of vaccine to basic-combat trainees at least as far as the Army is concerned because, again as I will have a little bit more to say later, the risks have to be balanced against the needs. Right now, in a circumstance where respiratory disease is not associated with adenovirus type 4, it does not seem logical to immunize with that preparation."{R00290/p.499}

Dr. Buescher, a Colonel, MC, chief of the Department of Virus Diseases, Walter Reed Army Institute of Research, obviously had information that conflicted with Dr. Tint's viewpoint (tainted by his association with Wyeth Laboratories, Inc.), who had just affirmed that disputing "the safety of this form of vaccination...is of academic proportions because a ***consensus*** [emphasis mine] has already been

reached by the people responsible...[that] it was indeed a safe procedure to undertake."{R00290/p.499}

Dr. Buescher's statement made it clear that, at least by his opinion:
a.-It made no sense to broaden the use of one vaccine that did not prevent disease from the other strains of the germs that were causing such illness, "from a biological standpoint". {R00290/p.499} Was he inferring that there could be other motives, such as possibly monetary, political or otherwise non-scientific?

b.-He said that a mono-type-vaccination might cause dangerous ecological vacuums; we often see those vacuums when mono-cultures such as used in agriculture foster the development of plagues and blights. Could this observation be extended to other vacuums of nature created by our interference, such as might be the recent epidemics of herpes and "AIDS"?

c.-That other pathogens have become rampant due to this problem;

d.-He felt he could exercise caution, at least as far as the Army was concerned, but was he able to? Only answers to our freedom of information inquiries will open the hushed up facts!

e.-In stating that the "risks have to be balanced against the needs", was he incurring in a Freudian slip. I thought that the expression is balancing the risk vs. benefit ratio. After all, what needs are we talking about? Financial? Medical? Whose needs are these?

The vaccinists natural right to use human subjects for medical experimentation is so positively ingrained in their thought process that any hesitation in method, thought or action becomes an intolerable hurdle that rapidly has to be eliminated. Dr. Perkins extolls with pride that the Committee is "balancing the dangers [they] now know exist with the use of monkey kidney and the risks

[they] shall continue to run by using [that] cell substrate against holding up the use of a new cell substrate such as WI-38, or any other..."{R00290/p.500} Since the Committee did not think that obtaining a definite answer on safety was possible, even in a "finite time of 5 or 10 years"{R00290/p.500}, they went ahead with their inoculation of the defenseless 200,000, 300,000; or whatever the figure might be, and did not hold up the use of the new vaccine base. He thinks that "Dr. Miller's schemes [strange choice of words, isn't it?] for observing the vaccines...[are impressive, but he does not believe]...this should be used as an excuse for holding up a new standardized cell substrate for no purpose."{R00290/p.500}

Dr. Perkins forgets that the risk is not run by the "Committee", but by the countless victims, human guinea pigs who are not given a chance to refuse a procedure they don't clearly understand.

Dr. Robbins prefers to select the language he uses. He obviously does not want to address the issue honestly, as to what it is, an evaluation of the vaccines, but suggests that "epidemiologic investigations [would be viewed by him as] a continuing type of surveillance rather than just an evaluation...before releasing it for use." Is the inoculation of 200,000 or 500,000 men ***not*** a "release for use"? {R00290/p.500}

He prepares further alibis which will come handy in the 1990s, 20+ years down the line, when his turn to testify will come in the vaccine trials I hope will be held sooner or later, and adds that they are "now faced with the need to have an almost automatic continuing kind of surveillance, because the time factors involved are unknown and are quite clearly long...not just talking about cancer...[but]...about other possibilities."{R00290/p.500} It is *quasi* prophetic that without having read the "AIDS" literature of the 80s, he added: "one can frighten oneself to death if one wants to. We would be absolutely paralyzed." {R00290/p.500}Small trade-off, his paralysis and that of some drug-

mafiosi as compared to the health and survival of the inhabitants of planet Earth. All the vaccinists appear to be concerned with public image, so he hastens to expand his thinking about the subject matter: "I don't quite adopt the bold and vigorous point of view that Dr. Hilleman adopts, but I also don't think we can afford to be so cautious that we don't do anything. However,one has to balance, not just unknown risk, but potential risk against what one thinks the value of the product or procedure may be."{R00290/p.501}

Those vaccinists representing the interests of commercial laboratories tend to fight hard to divert the attention from sensitive issues. Dr. B.A. Rubin did his very best to minimize the issues of vaccine risk and viral oncogenesis. He also saw it fit to belittle Dr. Buescher's position, whose statements were the only breath of fresh air in the morass of that Seminar. Summarizing, and at the same time editing out of context, he hurried to defend adenovirus vaccine against accusations that put a crimp into his style. His main points were:

a.- calling agents oncogenic not because they produced tumors in animals, but "just"{R00290/p.500} caused malignant changes in cell cultures; is unfounded (by his standards);

b.-that the "strains of adenovirus type 7 suitable for vaccine use[had] produced tumors in <u>fewer</u> than 1% of the inoculated hamsters after more than a year." {R00290/p.500} This somewhat cryptic statement is followed by this rhetorical question: "How important is it to be concerned about hypothetical problems in the face of real problems?" {R00290/p.500} Extrapolating this to human perspectives would be the equivalent of causing tumors in less than 1% in ten years, that would be <u>only</u> 5,000 out of 1/2 million, a *hypothetical problem* compared to the *real, (apparently serious)* problems of people catching colds produced by *adenoviurs 4?*

c.-that those adenoviruses "that are epidemic or have epidemic capabilities are fairly limited, but...include the 'mildly oncogenic' types."{R00290/p.500} obviously "mildly oncogenic" is of no worry to such as Dr. Rubin, *mild* death by leukemia and cancer must be better than full swing existence with occasional colds...Making such benefits available to mankind is attacked by Dr. Rubin with the zeal of a crusader, as he observes that "preparing vaccines from such agents would be very similar to the ***effective*** (emphasis mine) adenovirus 4 vaccine."{R00290/p.500} Obviously, manufacturing just one variant of poison is not good enough, when one can make others and collect good money for it. In the paper *mache* world of public relations, informed consent is easily forgotten. How else could he state that: "The stigma cast by questionable levels of oncogenicity needs to be considered more realistically if such vaccines are to become available."{R00290/p.500} I dare ask:

.-What is questionable, the fact they are oncogenic, or the percentages mentioned?

2.-"The stigma...needs to be considered more realistically..." {R00290/p.500} does this apply to the fact that we need to convey their danger to the public, or should we withhold from doing so least the sales levels may drop?

3.-Who cares if they become available, anyhow?

He figured that the distorted comments he made above where not enough, for he went on affirming his point of view:

JUDGING BY THE MEDICAL ESTABLISHMENT'S DOINGS, VACCINE MANUFACTURE AND SALE IS MORE IMPORTANT THAN HUMAN LIFE

"If you follow the logic of colonel Buescher's suggestion about the type 4 vaccine you would stop measles vaccination, smallpox vaccination, and so on, because you don't happen to see the disease around at the moment. I think you will find that if you stop adenovirus type 4 immunization, you would very soon see the return of this disease." {R00290/p.500} We see measles to-day, quite often if the figures of the government are to be believed. And the great majority is in *vaccinated* individuals.

--Come on, Dr. Rubin, that is not fair! Dr. Buescher was talking about viral upper respiratory infections that are caused by several strains of one agent, and you compare those to distinct clinical entities that have been, at least apparently eradicated, not just shifted to another germ--. Colonel Buescher was the only honest man at that meeting, therefore he had to be ridiculed to lessen the impact of (if I may paraphrase Kipling), the truth he had spoken and twist it to make a trap for fools. Dr. Rubin implied that the colonel had suggested that adenovirus 4 had to be stopped because the disease was not around. In fact, he simply said we had created new monsters as we chopped off the heads of old ones.

Colonel Buescher was calm. He simply stated that the disease had not returned.

Envisioning the nightmare of liars calling each other liars, Dr. Koprowski rushed to end the confrontation by suggesting that issues as important as complete eradication of a disease should be given the benefit of a separate conference. Next he reminded the attendees that their purpose was to discuss the subject of diploid cells as substrates of vaccines, and urged to return to this issue, for they had only "1 or 2 minutes left, and this [would] be the only time when ...the above subject matter could be discussed."{R00290/p.501} This last comment was incredible to most, I am sure, for the Conference was continuing and the problem would linger for decades to come. Even

sorcerer's apprentices and devil-trainees get caught when playing their own games, because, looking at another of his daemonic associates he stated: "Dr. Francis is laughing because I am writing the book now, he says." {R00290/p.501} remembering Dr. Francis's earlier, incredible statement about Samuel Butler and the fact that God had written the Book...!

thics can become a nuisance in a world where *money talks and rofits scream.* Dr. Buescher was probably up for some chastising after those heated discussions, what exactly took place we may never know, but we can safely say that by the time he summed up the goings on at the seminar, he was not coming on as strongly as he had until now. The same man that earlier had stated that he had personally withheld 200,000 doses of adenovirus vaccines because of the misgivings he had, suddenly started recommending relaxing standards and restrictions placed upon the requirements for vaccine licensing. My heart goes out to him, it was probably not easy to do. In his closing remarks about "Experience with Vaccines", he first describes the meeting with artistic flair stating that he did not see it so much as a scientific seminar but "rather like a symphony with slow opening movements"{R00290/p.527} reaching a crescendo prior to his presentation. He admits that following some of the speakers may not be easy, urging the resumption of discussion of unresolved points at some future date "if any effort is to be made to bring a rational basis for human virus vaccine production under scrutiny." {R00290/p.527}. This was the last daring comment, for then he started to extoll the virtues in the points made by other speakers and plunged into a defervescent rhetoric promoting all he had attacked just before. As a "concept of [his] own [he discussed] changing of precedent or, at least, considering changing of precedent."{R00290/p.527} When people are not being honest or making excuses, medical language even borrows from the legal terminology, so that words become shrouds of the very different truths behind them. "Heretofore [he said], approval of the use of vaccines has depended upon the

issue of a commercial license. And this has inferred the production of a preparation that can be used without discrimination by the medical confraternity at large. In other words, it has to be a preparation of universal usefulness and universal safety."{R00290/p.527}

"I would like to raise the question whether it is appropriate to consider limitations of this generalization. Not every preparation, not every antigen, has the same potential usefulness or significance in all human populations. How this would be engineered administratively and legally I have no way of knowing. Yet, the idea from a scientific standpoint is attractive to me. All this leads me in part to a response to Dr. Rubin's question earlier, and Dr. Koprowski's prompt recognition that the control of acute respiratory disease is likely to be achievable --the eradication is not by the use of vaccines." {R00290/p.528}

"The rationale in the present suspension of the use of adenovirus type 4 vaccine in military populations stems from the fact that there is no significant paralytic adenovirus disease to protect against, just as, for example, there is no significant paralytic poliomyelitis to protect against in military populations at this particular time". {R00290/p.528}

At this time Dr. Buescher had to really tiptoe carefully to accomplish a difficult balancing act between basic professional honesty and corporate demands. He used the recourse of compassion towards the GIs. "When one thinks of the stresses that a recruit is subjected to, one automatically thinks in terms of attempting to reduce these. And one of these stresses has to do with the application by injection or ingestion of foreign proteins. Therefore, until such time as there is epidemiologic evidence that type 4 virus is, indeed, present on basic combat training posts and is causing disease, there is no need to use this vaccine, at least in the way it has been used in the past." {R00290/p.528} We don't know about such evidence, but he seemed to know what would ensue.

THE TINKLING OF COLD CASH SPEAKS MUCH LOUDER THAN THE THUNDER OF CANNONS

"Now, this does not meant that it won't be used".{R00290/p.528} It would, had Dr. Buescher had his way, but he knew that the thunder of cannons spoke much softer than the tinkling of cold cash, and this would prevail as "our ingenuity at the moment is taxed to determine how best to use it"{R00290/p.528} And then he let them have some facts, presented with irony which probably escaped most of the block-heads attending the seminar. "I am sure there are some of you who know that one of our efforts at the present time revolves around using vaccine virus in previously immunized individuals, vaccine virus applied to the upper respiratory tract, the nose specifically, as a means of establishing respiratory infection without disease in units of men."{R00290/p.528} Honest, this is a direct quote!!!

Often, pleasing the dough boys and making a rational statement are highly conflicting behaviors. For this purpose, I must presume that vaccinist's shoes are especially built of edible materials. How else could they survive the repeated attacks of foot in mouth disease such as: "The aim here is to determine whether such established upper respiratory tract infection with the vaccine virus type 4 will interfere in any way with the introduction and transmission of type 7 and type 21, two agents that we know have an epidemic potential in orally immunized adenovirus type 4 individuals. The tests are under way". Up to this point it is hard to decide how this information came to Dr. Buescher. The only presentation on the adenovirus vaccines was Dr. Hilleman's, and he surely did not make any of the above statements! What are "orally immunized type 4 individuals", any-how? I thought "type 4" qualifies a strain of adenovirus, not an "orally immunized individual"? I think that Dr. Hilleman simply has great expertise at covering his words with a heavy, slick, sugar

coating which comes in handy in case he has to eat them. It is easy when you have as much practice as he does!

Resuming the issue of "tests...under way", Dr. Buescher tells us that "They obviously cannot be escalated beyond the rates that scientific integrity dictates. Suffice it to say that if the initial studies which involve small numbers of men establish that this, as a technique, will work there will be a broader application for the use of adenovirus type 4." {R00290/p.528}

This last paragraph is, again, as full of surprises as a Box of Crackerjacks! Obviously, Dr. Hilleman's ingenuity rapidly came up with "tests that were under way", {R00290/p.528} when it was discovered that nature, which hates a vacuum, filled the one left by the disappearance of adenovirus-4 induced colds, with respiratory infections caused by adenovirus 7 and 21. He must have fed this information to Dr. Buescher, to be shared with the rest of the seminar attendants through Dr. Buescher's presentation.

The "tests which are under way [involved] small numbers of men", probably, non-existent numbers. All this to permit a "broader application for the use of adenovirus." 4. Here we have the incredible case of a vaccine looking for practical use, instead of a disease looking for a vaccine. But, if you mess up, you better have a golden tongue that can continue luring the goose with the golden eggs!

Dr. Buescher made another honest try or two, to make amends for his previous brushes with the dangerous truth. Stars, stripes and adenovirus for ever! Adenovirus 4 might prevent type 7 infections, a thought appealing to biologists, preventing "the problem of chasing down yet another antigen with all of the attendant difficulties in establishing safety standards". {R00290/p.528} So 4 is suddenly safe... since when?

I can imagine the scene, with Dr. Buescher secretly wishing for a tranquilizer, a hot bath and a magic disappearing act. He bravely finished with a last harangue: "there are those of you who will say that this is a fond hope. I certainly will agree with such individuals and agree to that premise" {R00290/p.529} Yes, Dr. Buescher, we know you tried, you are going down as one of the few who had the courage to speak up, even if you ended agreeing with the devil: "...at the moment, it is the only reasonable approach that is available for the control of acute respiratory disease in military populations in the next year or two".{R00290/p.529}So, Dr. Buescher saved the day for the drug manufacturers, and opened the abyss for those who have died and still will of Immunization Related Syndromes. But he did try, and we will give him credit for this!

HOW CAN SOMETHING LIKE THIS EVER HAPPEN?

It might have been the political savvy of Maurice Hilleman, Ph.D., D.Sc, Division of Virus and Cell Biology Research, Merck Institute for Therapeutic Research, West Point, Pennsylvania, that performed this unusual step-up of popularity for "his virus". After all, he had "discovered" SV-40, and also participated in the development of the adenovirus vaccines. His story of his involvement depicts such artistry at tear-jerking and disinformation, that it deserves to be communicated from the original, as much as possible.

Considering that The National Cancer Institute Seminar # 29, which took place in 1967, was to have the outer appearance of a strictly scientific meeting, the tone of his presentation seems a little out of place. In his own words{R00290/p.463}

"A DAY THAT WILL BE REMEMBERED IN INFAMY" {R00290/p.463}

"It was a cold and dismal twenty-second of January, 1954, and the swirling snow formed in great drifts about the Walter Reed Army

Institute of Research. On this particular day, 25 scientists of diverse discipline braved the storm to attend a special meeting of the Armed Forces Epidemiological Board which had been called by the then president, Dr. Colin M. MacLeod. The purpose of this meeting was to provide testimony and opinion which would be basic to applied viral immunology for years to come and which remains at the very epicenter of the declarations of this Conference".{R00290/p.463}

SETTING OF POLICIES IN REFERENCE TO PUBLIC HEALTH AND VACCINES

I often tell the story of an employer that advertised for a new accountant. One by one the applicants appeared, and were asked a simple question:

J. Burns

--"How much is two plus two"--

They all would hurry to answer:

--"Four"--

and were dismissed with the usual instruction:

--"Don't call us, we'll call you!"--
Finally a little, unassuming guy came by. After hearing the question, he hurriedly rushed to the windows, closed them, locked the door, got close to the manager and said:

--"How much do you want it to be?"--

Needless to say, he got the job.

Lawyers are *experts in the twisting of the meaning o words*. This may be a technique appropriate (if not either good or moral), to the

administering what is (euphemistically) called *justice*, but it certainly is not the resource that comes to consistent conclusions in scientific research. When conclusions that are consistent, however, would not permit a very lucrative financial undertaking, the world of science learns from the world of business and law, and white becomes black and good, bad.

WHEN LAWYERS MAKE MEDICAL DECISIONS, THE SCALES OF JUSTICE BECOME HEAVY WITH THE SUFFERINGS OF THE VICTIMS

As we return to the description of this January 1954 meeting, as described by Hilleman. we realize that, foremost on the perpetrators's minds, was not the development of an indispensable vaccine, but the setting of policy and precedent, that would give the military vast latitude in experimenting on humans. In the light of to-day's events surrounding the "AIDS" myth, Dr. Hilleman's little experiment in opinion-modulation becomes clearer than before as to its intention.

The meeting that had been called was to find a way to overcome several thorny issues.

ISSUE # 1

How to bypass the strict scientific criteria known as the three ***Koch's postulates***, universally accepted by serious students of microorganisms. Traditionally *an organism can only be accepted as the causative agent of an illness if:*

a.- It is retrieved from all individuals suffering of such an illness;

b.- When introduced into the host it causes such illness;

c.- It is retrieved from all experimentally infected individuals;

T.V. Hype had not yet overcome scientific accuracy completely, as is now the case with the hysterical stories that the media publish about what they call "AIDS". So the researchers felt compelled to discuss such problems.

One of the sharks in the *think tank*, Dr.John Dingle expressed that *experiments on human volunteers would be **acceptable**, if necessary,* to satisfy all three of Koch's Postulates. I simply would like to know what ***acceptable*** actually meant,acceptable to whom, by whom and under what circumstances. Even so, Dingle's Ding-a-ling decisions did not yet show the total gall of Gallo's deliriums of self appointed theological grandeur.

ISSUE # 2

What should be used as a ***growth medium***, in case a vaccine would become necessary.

Up to the date of that meeting, in 1954, the only cultures available to satisfactorily support viral growth in the amounts necessary for commercial production, were the *HeLa Cells*, a ***malignant*** strain. There also were other human cell cultures, but they were very new and incompletely researched, and concerns arose about the possibility of the existence of hepatitis viruses in human cells and human serum used to nourish such cells.

But when dollars beckon, and you are sitting pretty in some ivory tower that the humans usually never reach, desirable expectations spur decision-making's progress. After all, the military is probably the most fertile ground for selling worthless, dangerous vaccines. They have a ***captive***, frequently renewed and upgraded cohort of potential vaccinees, and they can disobey existing licensing regulations that regulate biologicals and pharmaceuticals, at least by their very loose interpretation of existing laws.

What happened at that meeting was one of the major tragedies in the history of human freedoms and natural rights. Only Satan himself could have been proud of such an event. Dr. Hilleman was also proud, or so informed the attendees: The top-level meeting "lasted for only 2 hours and the declaration was feeble, but the pronouncement initiated a precedent which has been expanded and extended to form current policy. It was simply stated: 'Virus material grown on normal cells inactivated by formalin is acceptable for limited immunization trials.' Thereby, cell cultures derived from frankly neoplastic tissues or possessing attributes of neoplasia were definitely ruled out. Normalcy was not defined, and the matter of continual passage of 'normal' tissue was avoided. Fulfillment of Koch's postulates was deemed unnecessary."

THE DAY SCIENTIFIC ACCURACY WAS REPLACED BY COMMITTEE DICTUM, KOCH'S POSTULATES WERE DECLARED OBSOLETE.

Obviously, the "25 scientists of diverse disciplines [who] braved the storm to attend a special meeting" on January 22, 1954, used up all the guts they had to face-up to scientific honesty. In two brief hours 100 years of scientific precision in the identification of microorganisms was thrown out the window, Robert Koch was declared obsolete by policy and resolution, setting the stage for all the verbiage and stupidity surrounding the "AIDS" hysteria.

The "pronouncement [which] initiated a precedent which has been expanded and extended to form current policy",{R00290/p.463} did establish that:

a.-"virus material" (no specifics)
b.-"grown on normal cells" (normalcy was not defined)

c.-"inactivated by formalin" (inactivated insofar as what function?)
d.-"is acceptable" (by whom, by which criteria?)
e.-"for limited immunization trials" (how limited, under what jurisdiction, who shall be liable?)
f.-Definite ruling out of "frankly neoplastic tissues or possessing attributes of neoplasia" (what about "not frankly neoplastic", which attributes, under which scientific findings?)

A later meeting "was convened by the Armed Forces Epidemiological Board in Atlantic City, N.J., on April 12, 1959".{R00290/p.464} There was diversity of opinion on the issue of the dangers of continuous cell lines as a substrate for vaccine production, but the consensus was that "the possible risk attending use of continuous cell lines would be regarded as too great for vaccines against diseases of only mediocre importance."{R00290/p.464}

THE ARMED FORCES OF THE U.S. BELIEVE THAT THEY ARE ABOVE THE LAW IN THE ISSUES OF HUMAN RIGHTS AND LIBERTY

Incidentally, the concern about lack of safety of continuous cell lines eventually became so pronounced that the rules in "Biological Products, Public Health Service Regulations, Title 42, Part 73 U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLICATION 437 (revised January 1967)" {R00290/p.459}. banned the use of cell lines. The Armed Forces, claimed to be exempt from these rules, and it would seem that our legislators have empowered them, without a right to that action, to perform human experimentation in the American Military subjects, a matter which is discussed in more detail later on in this book.

THE U.S. ARMED FORCES ROUTINELY USE CELL CULTURES IN THEIR VACCINE MANUFACTURE, THAT HAVE BEEN BANNED FOR GENERAL USE BECAUSE THEY ARE ABNORMAL, AND MAY CAUSE CANCER

h.- Who decided that "fulfillment of Koch's postulates was deemed unnecessary"? Upon what scientific data?

This is sadly reminiscent of the days when the bonfires under the stakes burnt gaily and purple robed theocrats declared by consensus that the Earth was the center of the Universe and Galileo had to recant or feed one of their favorite pastimes.

Q.- WHICH ARMED FORCES WAGE BIO-WARFARE AGAINST THEIR OWN MEN?
A.- OURS!

The decision made policy, and this was followed by action. The masters of *death by bullets* became masters of *murder by sorcery* (which derives from the Greek, pharmakia, the source of our word pharmacy...). I believe that the pharmaceutical industry is the vessel described in REVELATIONS, as containing the "abominations of her fornications".

The manufacturers and distributors of this potion of death, continued their research, which soon made it possible to grow adenovirus on Macacus Rhesus kidney cell cultures, and Dr. Hilleman proceeded to brew his evil broth at the Walter Reed Army Institute of Research, after a decision was made to produce a *live trivalent adenovirus 3, 4 and 7 vaccine for injectable use.* Eventually, "the frequent occurrence and uncertain detectability of indigenous monkey viruses in

such preparations caused [them] to abandon parenteral application in man." The men who had received these certifiably "uncertain" vaccines were, as far as we know, never notified of that fact. There whereabouts and condition of health has not been reviewed, and when I requested freedom of information material on this subject, the answers were never provided.

PEOPLE WHO BUY FILTERS
FOR LABS
DON'T ALWAYS READ THE FINE PRINT!

At that time, they resorted to a medium of human intestinal cell line from embryonic source, nourished by horse serum. This disgusting concoction was kept for 48 hours after seeding it with viruses. They then blended it and filtered it through a "sintered glass filter of medium porosity to remove ***intact*** cells. After ***appropriate*** tests for identity, safety and sterility, the 3 viruses were mixed in equal portions and stored frozen as trivalent vaccine in sealed glass ampuls." [all emphasis added]

They did the following:

a.-grew the virus on human cells
b.-spiked this with horse serum (no wonder so many people had violent reactions to tetanus antitoxin);
c.-homogenized them in a blender (a blender creates heat and weightlessness. What potential recombination may occur at such variables has not been evaluated.
d.-the pores of the filter were the proper size to remove ***whole*** cells, a few microns in diameter, about 1000fold the size of many molecules which all could freely pass into the final vaccine

e.-the details of the "appropriate" safety, sterility and identity tests are, regrettably, omitted in this publication.

HUMAN BIOLOGIC EXPERIMENTATION WITH HUMAN TISSUES AND VIRUSES STARTED IN 1956 AND IS STILL GOING ON

"Trials [in humans --human biologic experimentation--] were initiated on March 2, 1956. After administrative concurrence and individual informed consent, 6 adult male volunteers of overt good health were each given intramuscularly a 1 ml. amount of trivalent vaccine."{R00290/p.464}

y 1956, the *HeLa* cells were still very much in use. Were these ıccines openly grown on human cancer cells? Did the researchers ho made this vaccine know that they were injecting human beings with a viral vaccine manufactured on cancerous tissue? Above all, were the soldiers told of these facts?

According to Dr.M.R.Hilleman he himself was one of the volunteers. He hurriedly stated that he had previously received killed vaccine and had antibodies to all three adenoviruses, "while the 5 remaining persons were initially devoid of antibody to one or more of the 3 serotypes."{R00290/p.464}

The above explanation was necessary, I presume, as an alibi to the next statement. "Five of the six volunteers (exclusive of MRH --the author--) reacted unexpectedly to the vaccine with a biphasic illness. Three of the six volunteers experienced an initial febrile-toxic reaction with constitutional symptoms which began 7-10 hours after vaccine was given. This was believed to be due to the toxicity of the vaccine, not to infection."{R00290/p.464} The mind of the detective comes into play right here: If the reaction was toxic, and not infectious, how come MRH did not get it? Did God give him a special dispen-

sation just because he had previous oral vaccine, or is he not even good at lying?.

The second phase of the illness began 3 or 4 days after vaccine was administered and lasted for 4 or 5 days. It was characterized by an acute respiratory illness of mild to moderate severity which was typical of febrile catarrh or acute respiratory disease and occurred in 5 of the 6 volunteers."{R00290/p.464}

WHEN VOLUNTEERS GET OTHER THAN WHAT THEY BARGAINED FOR...

What is the good news, according to Hilleman? 11 1/2 years later they were still alive and well. What was the bad news? The cells they had apparently so carefully selected, to avoid using malignant ones, were, according to Dr. Coriell "a likely HeLa cell contaminant rather than a cell of human origin."{R00290/p.465}

Actually, still referring to himself as "volunteer #6", Dr. Hilleman boasts that through the years he received "repeated parenteral injections of vaccines which ***likely*** (emphasis added) contained substantial amounts of live SV-40... and live avian leukosis virus, influenza vaccine in Freund's adjuvant, adenovirus 3 and 7 now recognized as oncogenic for animals, and the myriad of experimental vaccines given at Walter Reed Army Institute of Research, all without apparent untoward effect to date."{R00290/p.466}

If nothing else, SV-40 appears to cause another type of "AIDS" ***(Acute Integrity Deficiency Syndrome)*** such as leading the world to believe that SV-40 was not discovered till 1960, or that other vaccines are safe.

UMOJA RESEARCH

Acute Intelligence Deficiency Syndrome is a companion ill of ***Acute Integrity Deficiency Syndrome***, manifesting very prominently in discussing the issue of cell cultures.

It is amazing how people can rationalize otherwise untenable positions when there are vested financial or power interests involved. Years of scientific training and reliance on principled honesty are brushed aside in a sweep of the pen or a tap on the RETURN key of the key-board. Dr. Hilleman's final report about "The deliberations which have taken place concerning use or nonuse of serially cultivated cells for human vaccine purposes have, I think, placed the individuals concerned into categories ranging from those who urgently itch to switch to those who would rather fight than do so and having an in-between group who really do not care or who do not comprehend the problem in the first place. Certainly, the more liberal point of view can be most comfortably assumed by persons with least responsibility or accountability for decision making. The more conservative view may be expected as individual responsibility or accountability increases through committee participation, and may reach its upper limit among those persons who are charged with the final responsibility for rule making."

Do scientists at the service of evil forces consider ignorance bliss? Maybe, for "If the debate has taken on an ecclesiastical or philosophic overtone, it should not be unexpected, since it is in an area in which the definitive information for making a judgement is clearly missing. In fact, I feel the greatest problem of all may lie in ascertaining whether there is a problem in the first place".

THE MOST INCREDIBLE FACT IS THAT "SCIENTISTS" WILL MAKE DECISIONS THAT COULD ENDANGER OTHERS, WITHOUT SEEKING DEFINITIVE INFORMATION OR KNOWLEDGE.

"The simple fact is that we don't know the cause for neoplastic disease in man, and we do not know if it is transmissible under any circumstance. Those workers who are most closely related to virology might argue that the analogy for viral causation of cancer in animals *must surely extend to man* [emphasis mine] and, hence, every effort needs to be made to prevent the transfer to the vaccine recipient of oncogenic viral genetic material, or perhaps, of neoplastic host cell genetic substance carried by a virus. Such individuals may prefer use of serially propagated cells in which the chance for new viral introductions by fresh tissue is obviated.

"On the other hand, those researchers oriented towards cytology might regard neoplasia as a state of the cell itself and want to emphasize normalcy of cell with regard to kariosome, morphology, finite propagability, contact inhibition *in vitro* and the like. Whether any of these factors has any basic importance in cancer in man or its transmission is not fully known." {R00290/p.465-466}

EVEN THE TOP RESEARCHERS, CHARGED WITH MAKING DECISIONS THAT AFFECT MILLIONS, ADMIT THEY ARE UNABLE TO CLEARLY SEPARATE NORMAL FROM ABNORMAL CELLS.

Dr. Hilleman is quite aware that defining normalcy is, by no means an easy, and, probably not even a feasible task, because:

a.-"normal cells, even on primary cultures may display aberrations"; {R00290/p.467} (they may not look exactly normal)

b.-"neoplastic cells may display no visible changes in their kariosomes";{R00290/p.467} (their chromosome arrangements may appear to be normal)

c.-"contact inhibition...a...criterion of normalcy...may be reduced...by substitution of galactose for glucose in the growth

medium."{R00290/p.467} (under normal conditions cells grow in orderly fashion, but if the medium changes chemically, normal cells may adopt abnormal disorder)

d.-"viruses most capable of infecting a particular species may be least inclined to lead to cancer";{R00290/p.467} (those viruses most often, and therefore, easily found, may not be the ones that really are the inducers of malignancy)

e.-"those (viruses) least capable of establishing infection may be most inclined to lead to neoplasia, and viceversa." {R00290/p.467} (viruses that are rare to find due to infrequent transmission, may be the ones that really are to be feared)

.-"THERE ARE NO RELIABLE GUIDELINES" (emphasis added)R00290/p.467} **YOU CAN SAY THAT AGAIN!**

"In such an aura, the practical need to prevent acute infectious diseases by vaccines runs into full conflict with the theories, the 'May-be's'(sic) and the 'might be's' [sic] which likely can be only answered in the human species anyway. Progress must necessarily entail compromise, weighing risk against potential risk."{R00290/p.467}

THE RESEARCHERS BELIEVE IN HUMAN EXPERIMENTATION, BECAUSE "PROGRESS" MUST!? ENTAIL "COMPROMISE" (BETTER YOU THAN ME!)

"I think the scientist, like the lawyer is a student of precedent and reasonably follows precedent wherever possible. When the demands of a particular situation exceed the bounds of previous experience and when there are no clear-cut contraindications, the least radical departure seems to be the prudent choice and new precedent is thereby established. Whether such a course is purposely followed or not, this seems to be what happens in any case." {R00290/p.467}

DESPITE CLEAR EVIDENCE THAT VIRUSES PRESENT IN VACCINES ARE THE MOST PROBABLE CAUSE OF CANCER, THE RESPONSIBLE PARTIES HAVE BEEN PERMITTING THE MANUFACTURE AND SALE OF THESE PRODUCTS, AND THEIR COMPULSORY ADMINISTRATION.

I have read this chapter with real amazement, and continue to become more amazed upon each additional reading. Is Dr. Hilleman for real? Does he suffer from total logic blindness or is "mobile truth" his bag? Mobile truth is a concept quoted by author Erich Fraenkel in his book THE ART OF LOVING. He traces it to another book, THE CRYSTAL PALACE, which tells about large, powerful, corporations, and those who work for them. It has been described as a way of thinking by which a person full-heartedly supports and believes the position of the corporation he or she may work for, and if hired by the competitor will devote their loyalty to them with equal enthusiasm.

In the fraudulent world of establishment medicine, titles and authority are used to replace knowledge and documentation. It has well been said that B.S., M.S. and Ph.D. stand for "Bull sh...", More sh..." and "Piled Higher and Deeper", Dr. Hilleman, who boasts a "Ph.D." behind his name, an acronym for "Philosophy Doctor", a person educated in the love of knowledge, may love knowledge, any knowledge much more so than truth. How else could he entertain the untenable positions described in the paragraphs above?
According to him individuals were of three categories:

1.-Those who itch to switch (from what to what?)
2.-Those who would rather fight than switch (defending what?)
3.-Those in-between, "who either don't care or who do not comprehend the problem in the first place"{R00290}

If we would really live in a world ruled by *the Gospel according to Hilleman*, there would be no intelligent, sincere individuals, who would like to consider every possible variable, before making any decision, and who would have the moral honesty to recommend the usual careful policy of "in case of doubt, abstain". These individuals may be very caring, very understanding, and neither be fighters or switchers by definition.

A well-known cigarette ad, very popular in the seventies said that " ...tastes good like a cigarrette should". When the company was criticized as to the syntax used ("like" instead of "as"), their new advertising technique used this to their advantage, asking "What do you want, good grammar or good taste?" as though the only option available was choosing one, rejecting the other. It is this type of faulty logic that Hilleman capitalizes on to promote his position.

Anxious to use his expertise in manufacturing dirty biologics in trade for crisp dollar bills, he has no compunction in first stating that there were "no reliable guidelines" {R00290/p.467} to decide whether a cell was healthy or cancerous, and immediately trying to promote expediency in manufacturing and selling such a product for human use, instead of recommending caution as would be reasonable. He feels that a conflict exists:

On the home-field	**On the visitor's side**
"The practical need to prevent infectious diseases by vaccines	"The theories, the acute maybe's and might be's.

In his opinion:

The answers can <u>only</u> be found in the human species anyway (emphasis mine) Progress must necesssarily entail compromise. As

a corollary to these, experimentation on humans is mandatory and, in their warped thinking, justifiable.

It is easy to understand that people who talk nonchalantly of humans as a modified animal, a human, versus a non-human primate, and spend their lives using non-human primates (which they, improperly refer to as primates), for experiments, gradually forget the differences and eventually resort to all forms of primates as test-subjects. If they can't keep their thoughts and language pure, if they have to adulterate facts to justify their action, they become like mindless beasts themselves. Animal experiments should not only be discontinued because they are useless and abusive of animals, but because we have desecrated our own animal image, and this practice is dangerous to man.

But while dollars beckon, all principles are left behind, and researchers such as Hilleman are 100% on the side of home-field. He also identifies "progress" and a willingness for "compromise" with the use of vaccines. The opposite is unthinkable, a reverse psychology technique very successfully used by the proponents of fluoridation who use direct name-calling instead of reverse name-calling. (Obviously, people do not want to be identified as being "non-progressive").

It is unthinkable that Dr. Hilleman would not know that in biological science, knowledge is acquired in an inductive manner: several isolated facts lead to a hypothesis, evidence is gathered, tests are performed and, eventually a thesis is presented, a conclusion that may be further modified when new knowledge becomes available.

Law, on the other hand, is a deductive discipline, a definition is coined and an event is judged by its concordance with the terms of such definition.

An attempt to equate scientific precedent, based on induction, with legal precedent based on case evaluation under a preexistent definition is a clear exponent of sophism, a school of thought that uses extreme logic flawed by false precedent to arrive at an incorrect, but apparently uncontestable conclusion. The rules of the game only permit the perpetrator to alter the precedent. Marxist dialectic is what this kind of thinking is known as to those who can unravel the improper thought processes behind it.

In his system of belief: "the least radical departure seems to be the prudent choice"(departure from what and prudent as to which goal?). He says that thus we establish precedent. In reviewing the verbiage presented, it becomes quite clear that the establishment of precedent was foremost on their mind, setting the stage for "AIDS"

The question has to be whether persons prefer to expose themselves to leukemia, or to a cold, and whether GI's should be used as guinea-pigs.

The prevalent thinking is also expressed in the article "Vaccine for Acute Colds" (Should it not read ***against*** Acute Colds, or is this a Freudian Slip?) from the SCIENCE NEWS LETTER of December 26th, 1964

"A new adenovirus vaccine, promising to get rid of ***risks*** in the present vaccines now used only in military installations, has been injected into volunteers and is expected to be ready for field trials after further ***experimentation***." (emphasis added) Notice that the author is not reluctant to use the word "experimentation" which, coupled to the human subject, translates into human experimentation.

"Scientists at the National Institute for Allergy and Infectious Diseases, Bethesda, Md., report that adenoviruses can cause various

severe types of respiratory infections in children, including fatal pneumonia. So far no vaccine has been perfected for this." (I question whether the sentence should not read: "So far no vaccine has been perfected ***against*** this, or is the "for" deliberate"?

"In United States military populations adenovirus types 4, 7 and 3 can cause pneumonia and respiratory distress for which there are vaccines. In Europe, however, type 14 adenovirus has been known to cause cancer in animals."

"The risk of animal tumors has caused scientists to take a good look at the vaccine. There is continuing reappraisal of the use of the viruses in vaccines to rule out even the most remote possibility of danger."

It is peculiar that no publications about the dangers (however remote) reach the public, that health professionals and lay people alike have never been appraised of such dangers, even as "informed consent rules" and liability suits become stricter.

One of the very real problems inherent to the use of vaccines, is that those who receive inoculation shed viruses in excrement and body fluids. These viruses then contaminate other individuals (this is known as a herd effect, maybe to remind us that to the medical-pharmaceutical establishment we are no more than cattle), and cause antibody formation or clinical illness in them. If a person who has been inoculated in the military exposes others to his or her adenoviruses, and these adenoviruses had an opportunity to recombine with SV40, and any other virus which may parasitize that body, that subject becomes as a Trojan horse bearing dangerous gifts which he may bestow on anyone he may come in contact with.

VACCINES THAT WERE DELICENSED FOR HUMAN USE IN 1962 BECAUSE OF THEIR HIGH LEUKEMIA POTENTIAL, ARE STILL REGULARLY USED FOR THE AMERICAN ARMED FORCES

UMOJA RESEARCH

E. R. ZUMWALT, JR.
ADMIRAL, U. S. NAVY (RET.)

24 August 1988

Dr. Eve Snead
126 E. Ridgewood
San Antonio, TX 78212

Dear Dr. Snead:

Many thanks for your phone call. I would appreciate the most definitive information you have to establish that "a cancer causing virus was in immunizations given to servicemen in the 1960s."

All best wishes.

Sincerely,

E. R. Zumwalt, Jr.

1500 Wilson Boulevard
Arlington, Virginia 22209
703/841-8960

E. R. ZUMWALT, JR.
ADMIRAL, U. S. NAVY (RET.)

10 August 1988

Dr. Eve Snead
126 E. Ridgewood
San Antonio, TX 78212

Dear Dr. Snead:

I attach a copy of a letter from Diane Murray and request that you send me the information to which she refers.

All best wishes.

Sincerely,

E. R. Zumwalt, Jr.

Wilson Boulevard
Arlington, Virginia 22209

Attachment

Van der Veen and Mes (1973) carried out a similar experiment on adult (4-week-old) mice. Mice infected with MAV-1 were reared and kept under observation for 2 years. Viruria was first detected around 2 weeks p.i. and found to persist for 24 months in mice inoculated intraperitoneally with 2000 $TCID_{50}$ or intranasally with 500 $TCID_{50}$ of the virus, but virus was never recovered from feces. A small number of intraperitoneally inoculated mice became lethargic and died by the 16th day p.i.

Winters and Brown (1980) inoculated adult nude (*nu/nu* mice intraperitoneally with MAV-1. A viral inoculum of as little as 100 plaque-forming units (PFU) resulted in "wasting disease" and death after a varied period of time. All the mice hemorrhaged into the lumen of the duodenum shortly before death. EM observations revealed the presence of the virus in endothelial cells of duodenal villi. Heterozygous (+/*nu*) mice showed neither "wasting disease" nor duodenal hemorrhage. These results indicate that T lymphocytes play an important role in resistance to adenovirus infection.

MAV-1 showed an "adrenal and cardiac tropism" (Hartley and Rowe, 1960; Margolis *et al.*, 1974; Blailock *et al.*, 1967), but a mutant of MAV-1 showing apparent "pulmonary tropism" was isolated as a clear plaque mutant in L-cell monolayer cultures (Winters *et al.*, 1981). Intraperitoneal or intranasal inoculation of adult mice with 10^8 PFU of this mutant virus resulted in marked physical inactivity and death. Death occurred 3–5 days p.i. Collapsed hemorrhagic lungs were observed at necropsy; extensive infiltration of erythrocytes and lymphocytes into the interstices was observed histologically in hemorrhagic lungs. Lower doses of virus resulted in decreased mortality, and the affected lungs showed interstitial

CYTOMEGALOVIRUS, FREQUENTLY FOUND IN "AIDS" PATIENTS, PRESENT ALSO IN CELL LINES

Immunosuppressed individuals are always host to many undesirable microorganisms. One of the most common viruses detected in immunosuppressed patients and once selected as one of the main *candidate* viruses for "AIDS", is ***cytomegalovirus***. This was, of course, before the mythical HIV won the race to become the etiologic (causative) agent of "AIDS". ***cytomegalovirus*** had been known for some time, and was reputed to cause *pink eye, (vernal conjunctivitis)*, a malady prevalent in Summer, contagion occurring in contaminated swimming pools, falsely presumed to be safe because they were chlorinated.

Dr. Stanley A. Plotkin from the Children's Hospital of Philadelphia, University of Pennsylvania, Philadelphia, Pa., told the attendees of the May 1988 National Clarion Hotel meeting that "Cytomegaloviruses (CMV) are parasites of virtually every animal species including humans. A major feature of their parasitism is the *latent state* [emphasis added] in which they exist in healthy individuals after the primary infection has resolved. In that state they can be reactivated *in vivo* under the influence of various stimuli, and *in vitro* under conditions of cell culture. Fortunately, their replication is highly species specific with only abortive replication in cells of other species."[R00010] This last statement would sound reassuring, were it not that there were the usual exceptions to the rule, and these were highly threatening to the well-beings of humans:

"AN EXCEPTION IS THAT
SIMIAN CMV <u>CAN</u> GROW IN HUMAN CELLS"[R00010]

The risks represented by the introduction of CMV into cell cultures are:

1.- *reactivating viruses* that "if simian or human may cause symptoms in humans"{R00010}

2.- "risks of *putative* oncogenes which are part of the genome{R00010} (risks of *cancer* producing viruses).

With the usual one-upmanship of promoters, the presenter tries to reassure us that everything is hunky-dory in the field of *safety*, by stating that he is comfortable with the idea that the technological procedures in use during production of vaccines, are good enough to detect such contamination. We don't share his comfort and millions now suffering from such viral presence also would mistrust his opinion.

If that were not bad enough, "much less is known about the mechanisms of latency and the fate of ***segments*** [emphasis mine] of viral DNA in cells which do not harbor the complete virus."{R00010} What they mean by *segments* is that fractional parts of viruses that may pass undetected in the biotech products, may be available to form recombinants, and have unpredictable side effects!

THERE IS GOOD SCIENTIFIC REASON TO SUSPECT THAT PORTIONS OF VIRUSES MAY REMAIN DORMANT IN AN ORGANISM AND ONLY CAUSE PROBLEMS WHEN RECOMBINED OR REARRANGED IN AN UNPREDICTABLE MANNER

OTHER VIRUSES IN CELL LINES

In the field of vaccine-making, profits are enormous, and everybody wants to extol the reliability of his wares. So, representatives from Lederle Laboratories in Pearl-River, New York, extol the safety of cell lines, or, actually one cell line (*ATCC CCL 81*), derived from African green monkey kidney, as being totally uncontaminated by *retroviruses*, (they don't make the same assurance about other viruses) confirmed by three tests: *reverse transcriptase, electron microscope and southern blot).* How about other tests, and the less reassuring statement in abstract 38 that "Reverse transcriptase (RT) activity was observed in the samples from mouse cells infected with a murine leukemia virus (SL3-3), in rabbit kidney cells infected with simian foamy virus (FV), and in human tumor cells infected with MPMV."[(R00010)]. This is the Mason Pfitzer Monkey Virus, associated both with feline leukemia and human breast tumors.

COULD OUR GLEAMING BIOTECH TEMPLES BE THE SOURCE OF THE AMERICAN NIGHTMARE: THE "AIDS" AND CANCER WARDS?

POLYOMA-VIRUSES AS POTENTIAL CONTAMINANTS OF CELL LINES

SV-40 and its very close cousin, CK virus, are dangerous not only because they are contaminants as other viruses may be contaminants, but also because SV-40 is such an excellent contributor to the genetic recombination and rearrangement process.

ARE THE ANIMALS USED IN MAKING VACCINES PART OF THE INTERNATIONAL "JET-SET"?

Monkeys more often than not are contaminated by SV-40. We assume that simian blood carries antibodies to SV-40 and its relatives, but in the study presented at the Cell-Line meeting, the Dutch doctors that discussed this particular item did not find these substances in the monkeys. But what they did find was much more significant and infinitely more threatening by its implications: "antibody was...wide-spread in bovine serum, including fetal calf serum from geographically different areas, indicating bovine serum as the probable source for contamination."{R00010}

This raises some interesting questions:

1.-Why is a simian antigen wide-spread in fetal calf serum (are the "AIDS" mafiosi going to tell us that the calves went to Africa to have sex with the monkeys?)
2.- why was the serum tested?
3.-why does it occur in all type of geographic areas?
4.- what common link exists between cattle from zone A, and zone B?

The last question is the most significant one, because there certainly are too few animals that belong to the jet-set, and we have to search for another variable that would put them, globally, at risk to be exposed to a monkey virus. If we narrow down all the factors that affect their existence, we can come up with only one thing that is distributed across planet Earth ***and*** given to those animals: ***vaccines, biologicals and antibiotics!!***

Not only did this problem occur in cells ***actively cultured*** in fetal calf serum, but also in CK cells (kidney cells from monkeys) which"had been maintained in a serum free medium *after* [emphasis

added] initial cultivation in different batches of bovine serum."{R00010}

We find that the procedures used to screen serums used in the manufacture of biologics, believed to be so appropriate by many, fail miserably in practice, since "The serum batches concerned had been examined for viral contamination using the methods indicated by WHO...with negative results."{R00010}They admitted that "This finding suggests a need for changes in screening methods of bovine serum for virus contamination."{R00010}

The prevalent reassurances that viruses of one species do not reproduce in another are contradicted by the fact that these monkey viruses (CK virus) can reproduce in calf kidney cells, Vero cells (a monkey species), dog kidney cells and apparently also in "human diploid cells" (cells used for vaccine substrate). Even though manufacturers and promoters are always optimistic with their protestations about the safety of their products, these Dutch researchers do not conceal their very legitimate concern about these most dangerous of viral agents, and admit that "the wide-spread occurrence, extensive range of susceptible cells, and apparent infectivity for man make this virus a potential threat to the use of biologicals which depend for their production on the use of bovine serum. These papova viruses therefore merit more attention than they have been given so far in the control of biological products."{R00010}

Language should be used carefully and with respect. Do they say that these viruses control the products, or should be controlled?

SLOW VIRAL INFECTIONS

"In a number of diseases of animals caused by viruses or virus-like agents, symptoms appear long after the infectious process is initiated. The relevance of these slow infections to diseases of humans was recognized when diseases like *kuru* and *Creutzfeld Jakob* disease

were shown to be transmissible"[R01480] published by D.C. Gajdusek in the JOURNAL OF CLINICAL PATHOLOGY as early as 1972.

Viruses commonly encountered in vaccines intended for human use were also found to appear as antigens and particles in organs that were undergoing disease processes. Some of these were very prominently present. In two neurologic illnesses a measles-like particle and a *papovavirus* were found. The papovaviruses are African monkey viruses, the best known of which is the SV-40 virus we have discussed throughout this book.

DISEASE	*VIRUS*
Subacute Sclerosing Panencephalitis (SSPE), a neurologic disease	Measles-like particle
Progressive Multifocal Leukoencephalopathy (PML), a neurologic disease	Papovavirus

Some of the above conditions may be masquerading to-day as *Alzheimer's* disease.

"There are considerable indirect and epidemiological data suggesting that more prevalent human illnesses, including *multiple sclerosis (MS)*, may also be slow infections, with measles virus as the most likely infective agent."[R1480] This has been substantiated in innumerable studies and publications, and it is incomprehensible and unforgivable in my mind, that important risk factors such as these are not immediately released to the public, so that it can make an informed decision about receiving vaccines for basically innocuous conditions. The authors of the SCIENCE article we are quoting from were working for the Veterans Administration and the National Institutes of Health, and this information was readily available to the government authorities.

The reason that antigen-antibody test don't reveal these connections in more commonly performed studies, is that these types of slow infections would only have viral particles in specific sites and a very delicate laboratory process (hybridization in situ) would become necessary for positive identification. This test had been so refined that it could detect as few as 1 copy of viral sequences in individual cells. Without further discussing the very technical intricacies of these procedures, suffice it to know that there is reasonable concern about the connection of viral particles from measles (which are in the measles vaccine), and severe neurologic disease.

THERE IS LEGITIMATE REASON FOR CONCERN REGARDING THE ASSOCIATION OF MEASLES, MEASLES VACCINE AND SEVERE DEGENERATIVE NEUROLOGIC DISEASE.

CHAPTER XXII

HOW MANY WRONGS DOES IT TAKE TO MAKE ONE RIGHT?

ETHICS AND STANDARDS

It is usually common practice to plan out all the safety features of a biological product long before it is sold publicly. Safety and effectiveness studies are usually prolonged, expensive and very thorough.

It is aught but surprising that in the field of vaccine production, where the end product is not only sold world-wide, but compulsorily inflicted upon countless individuals, of which most are children, safety considerations are often brought up as a ***desirable goal to attain*** in the future, rather than a requirement to be met before the product is sold.

Desirable safety goals were discussed during the two day meeting at

the NCI Seminar #29, 1968. These were goals for the production of polio vaccine, which had now been in use and commercialized for 15 years in the U.S.A., and longer in other places! This seems like a very delayed afterthought for a product that is the probable cause of birth defects, cancer, immunosuppression and personality changes. Either vaccinists have more gall than sense, when they offer reckless opinions into public record, or they secretly want to be found out!

Take, for example, opinions voiced by Dr. Frank T. Perkins, from the Medical Research Council, Holly Hill, Hampstead, London, England, who at the 1968 Seminar of the NCI stated that:

The question has often been asked whether improvements could and should be made in the production of virus vaccines to increase the safety of their use. This does not infer that virus vaccines are dangerous, but these problems of improvement have concerned the Cell Culture Committee, set up under the auspices of the Permanent Section for Microbiological Standardization, and at our fourth meeting this year we reviewed the stages of cell culture production that required greater attention". {R00290/p.495}

"At the outset, the Committee were agreed that, no matter how intense the surveillance of vaccines may be, it was most unlikely that the safety of a new substrate for vaccine production could be judged by long-term follow-up in man. Only in the event of an untoward reaction occurring at a relatively short time after vaccination would the cause and effect be linked. ***Thus, the only way in which the safety of the cell culture system may be improved is to investigate each stage of the production process and, where possible, place greater emphasis on standardization."*** {R00290/p.495} (emphasis added to this section -- emphasis is *after* the fact)

HUMAN AWARENESS ONLY LINKS DISEASE TO VACCINES IF THE REACTIONS OCCUR SHORTLY AFTER VACCINATIONS, NOT CONNECTING EVENTS FURTHER SEPARATED IN TIME.

Let's organize this verbiage and make some sense of it!

a.- Questions have been asked about making improvements in the production of virus vaccines to increase the safety of their use... Improvements of what, and why of those areas, if no problems exist? How can you improve on perfection? Or, if other than perfect, why are they used? How can an already safe use be made safer?

b.- Recommendations to improve the safety of a product "does not infer that virus vaccines are dangerous". I thought that whatever was not safe was dangerous, or is this newspeak?

c.- The Cell Culture Committee has been concerned by the "problems of improvement". If the vaccines showed problems, the logic move would be discontinuation of production! They recommend greater attention at stages of culture that were more risky. How does anyone know that there are stages in cell culture requiring "greater attention" if no problems exist?

d.- "The Committee were agreed" from the outset that safety of a new substrate (base) for vaccine production

1) was unlikely to be amenable to judgement by long-term follow-up in man
2) no matter the intensity of the surveillance
3) only untoward reactions occurring **shortly after** vaccination would be noticeable as a cause and effect process
4)so they recommend **investigating each stage** of production

(a production that allegedly was presenting no problems??)
Maybe one of you can make sense of this double talk, I can't!

Dr. Frank Perkins is as frank as his name, when he mentions that in the process of preparing serum that is "the most variable constituent of cell culture media" 495 "the collection of the blood from which the serum was derived was in the hands of personnel unaware of the marked effect small differences in collection and handling technique might make" {R00290/p.495}

In 1968, 15 years into the polio program Dr. Perkins makes recommendations that parameters of basic laboratory values, such as *hemoglobin* (the red pigment of blood cells) and proteins should be evaluated in the serum. He does not go into something elaborate, such as *hepatitis* or *Epstein Barr* viruses, just regular blood values which, even being fundamental, are not recorded.He candidly admits that ***mycoplasma***, a frequent contaminant of great concern, is undetectable by the methods used if the infectious dose in which it is present is low, even when tested in "laboratories with a high scientific reputation" {R00290/p.496}. He is happy to report that some new methods show "great promise in the detection of these agents" {R00290/p.496}, maybe in a remote future when all human reproduction by natural methods has ceased. Just read up on mycoplasma to-day!

Vaccinists must have either delusions of grandeur or a sense of omnipotence and invulnerability. How else would they leave themselves open for massive lawsuits upon mentioning that

> "Although we have no evidence that vaccines produced on monkey kidney cell cultures are dangerous, almost everyone is conscious of the potential risks involved in their use. On at least one occasion a living agent survived an inactivation process and remained undetected for a time in final vaccine."{R00290/p.496}

Paris Research Laboratory Covers Up Info on AIDS

Some Call It "AIDS"... I Call It MURDER!

EXCLUSIVE TO THE SPOTLIGHT

By Dr. William C. Douglass

The Pasteur Institute in Paris, as great as it is, is not above issuing some half-truths. For example the institute says that AIDS-I and AIDS-II "attack the body in similar ways." This is incorrect.

AIDS-I (HTLV-III) destroys the immune system causing a suppression of T-lymphocytes. AIDS-II (HTLV-I) is T-cell leukemia which causes an increase in lymphocytes.

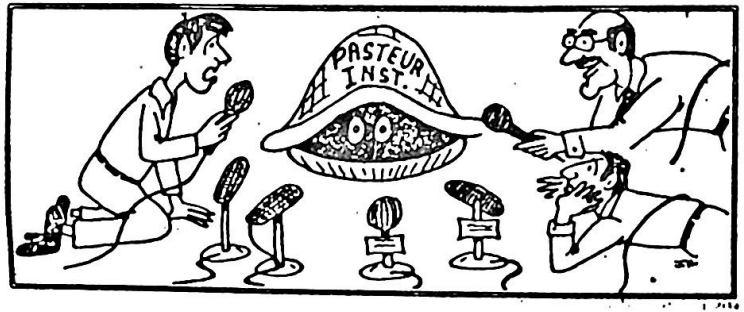
I don't know why they put out disinformation like this.

Now they are using disinformation to cover up a serious internal problem at the institute.

A rash of cancer at the Pasteur Institute has rocked the scientific world and caused near-panic in Paris. All the cases occurred in one building on one floor of the research complex.

Apologists for Pasteur say that it's all a coincidence. But anyone with a modicum of background in statistics would find this laughable. Dr. Lazare Goldzahl, a physicist of some renown in France, felt that he was qualified to compute the likelihood of three cases of the same kind of cancer occurring on one floor of a research lab. He came up with one in 10 million.

Instead of openly facing up to this scandalous and frightening development, one which has caused deep concern among molecular biologists all over the world, the institute tried to cover the whole thing up. According to some critics the institute sat on it for over a year.



When the news of the series of cases, most of whom have died, leaked to the press, the institute reacted like a turtle and quickly drew all of its parts into a shell—not a pretty sight when you realize that this is the great institution that discovered the AIDS virus. The institute shielded itself from press scrutiny by invoking a deep concern for the privacy of the infected individuals.

But the press didn't buy it, especially after a fourth case of cancer surfaced from the same lab.

Goldzahl asked why the institute didn't recognize the absurdity of their position in claiming coincidence for the outbreak. Was it, he asked, ignorance or cover-up?

Francoise Kelly, MD, PhD, was a quiet, brilliant, private type of person. She was a molecular biologist in mid-career with an impressive past and seemingly an assured future. In the winter of 1985, while working on the now-famous second floor of the Pasteur Institute, Dr. Kelly noted a pain in the shoulder.

She thought it was arthritis. It was a lymphoma cancer.

Realizing the futility of chemotherapy, she refused it and died at home with friends giving her morphine injections to relieve her suffering.

SCANDAL MOUNTS

As the scandal mounted and the institute's credibility plummeted, Pasteur came out with another obfuscation. The institute announced that the three cases (soon to be four) were different types of cancer ("not the same pathology") and so "no *a priori* cause-and-effect relationship could be established."

Very few things in this world are *a priori*, but this cluster of cancer cases (soon to be five) comes close because they are the same pathology. All but one were sarcoma, a soft tissue type of cancer, the type you see with HTLV-I, another form of AIDS, which comes from bovine leukemia virus.

Dr. Kelly was involved in manipulating viruses, the same kind of work that was done at Fort Detrick, Maryland, where the original AIDS virus, HTLV-III, was probably born. It's "genetic engineering," a euphemism for creating new forms of life, playing God.

On June 16, the French newspaper "Quotidien de Paris" headlined "Pasteur: A Sixth Researcher Has Cancer."

A similar story is unfolding at the U.S. National Institutes of Health (NIH). In September, the NIH reported a case of AIDS infection in an AIDS laboratory worker. This was said to be the "first case" of a laboratory worker contracting AIDS. (I guess NIH scientists don't read French newspapers.)

A second case was reported almost a year and a half after the diagnosis was made. Dr. Robert McKinney, director of NIH's safety division, said that the delay in reporting this second case was due to a "communication breakdown."

We seem to get a lot of that in government reporting of AIDS.

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Viral Flora of Primate Tissues—Discussion

H. Malherbe, *The Poliomyelitis Research Foundation, P.O. Box 1038, Johannesburg, Republic of South Africa*

Since it is not probable that primary cultures of adult human cells will be used for vaccine production on a large scale, human virus contaminants may for practical purposes be taken as those that can occur in fetal or neonatal tissues and in cell lines. In considering contaminants of cell culture systems, one should not neglect agents that may be introduced in serum or other materials used in culture production.

Since herpesvirus and vaccinia virus can pass through the placenta, size is not a limiting factor. It is therefore possible that viruses other than those already known to cause overt disease of the fetus will, in time, be found in fetal tissues. Techniques for identifying rubella virus have only recently been developed, and further technical advances are needed before the presence of hepatitis viruses can be detected. The infective forms of cytomegalovirus, vaccinia virus, and herpesvirus can be revealed by current procedures, but it is possible that occult forms of these and other viruses may exist. In addition, the full range of viruses to which a fetus may become tolerant is not known.

It is clear that techniques more refined than those generally used in vaccine safety-testing must be used if we are to detect noncytopathic viruses, occult viruses, or viral components incorporated in the genetic material of the cell. These techniques must include electron microscopy, as well as immunofluorescence where suitable antisera can be prepared. Tests carried out on control cultures present fewer difficulties than those performed on the vaccine itself. If the neutralization test continues to be the mainstay for revealing background viruses in vaccines, the hyperimmune serum must not only be capable of neutralizing the vaccine virus, but it must also be *not* capable of neutralizing possible viral contaminants; this requirement is not generally enforced today. Methods of producing highly specific immune serum, together with other ways of separating by chemical or physical means the vaccine virus from its possible contaminants, deserve greater attention.

Monitoring Vaccines for Human Oncogenicity—Discussion

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THROUGHOUT this Conference, we have been concerned with the possible contamination of vaccines with oncogenic viruses. The fact is that a great many people have received, either by inoculation or by mouth, viruses with oncogenic properties, such as SV40, the avian leukosis viruses, and no one knows how many others. As has been stated repeatedly, we can never say that any cell culture is completely free of contaminating viruses, since we find only those agents that can be revealed by the methods we are using. The theoretical possibilities are almost infinite and one must recognize that whenever a live vaccine, or for that matter an inactivated one, is administered there is some potential risk. Although we all believe this risk to be absent or negligible, its true dimensions can only be determined by observation.

Dr. Miller has presented reassuring data concerning the experience to date of persons who received SV40-contaminated poliovirus vaccine, measles vaccine, or vaccines presumed to be contaminated with the avian leukosis viruses.

Our own experience, to which Dr. Miller alluded, concerns a group of approximately 1,000 children who received oral live poliovirus vaccine within the first 3 days of life. About two-thirds of them received vaccine containing approximately $10^{4.5}$ TCID50/ml of SV40 virus. An additional 150 newborns were given intramuscular injections of rather large doses of inactivated poliovirus vaccines, later found to be contaminated with live SV40, in a concentration of about 10 TCID50/ml.

Needless to say, this situation is uniquely disturbing because of the young age of the children who were given the SV40 virus. And as has been pointed out repeatedly, certain oncogenic viruses only produce tumors in experimental animals when inoculated in the newborn period. Had we inadvertently reproduced this experimental model?

Now, as an aside, I will point out that rodents and people are very different, thank goodness, and I don't think we can immediately translate. But nonetheless, it was an unusual situation.

An effort has been made to determine the mortality experience of these children who are now 6–8 years of age. This study has been conducted by Dr. Martha Lepow in collaboration with Dr. Charles R. Stark, of the Epidemiology Branch, National Cancer Institute. Extensive information was obtained on each child which would permit follow-up.

THOSE INVOLVED IN VACCINE PRODUCTION ARE WELL AWARE OF ALL RISKS INVOLVED, BUT CONTINUE THEIR MANUFACTURE BECAUSE MONEY TALKS

If there are "potential risks" in a product given to humans allegedly to prevent a disease, and there were episodes were living simian organisms remained undetected in the final vaccine, it is unquestionable that these products are dangerous. Is it not by their own admission that according to the Committee, long term surveillance was indicated in man (for effects as yet unknown) and that it was also unlikely that this could help judge new substrates (which meant that your guess is as good as mine whether they are dangerous or not) and *"only in the event of an untoward reaction occurring a relatively short time after vaccination"*{R00290/p.495} it would be possible to link cause and effect.

WORDS EXPRESSED AT THIS MEETING WERE PROPHECIES OF HORRORS TO COME: EPSTEIN BARR, "AIDS", CANCER, LEUKEMIAS, ENDOMETRIOSIS?

His words are probably prophetic and forerunners of "AIDS" and other epidemics such as Epstein Barr, degenerative connective tissue conditions, maybe including, but not limited to cardiovascular diseases, other malignancies, juvenile diabetes, etc., for he asks, more as a sake of rhetoric than expecting an answer:

"How long will it be before a simian virus pathogenic for man will remain undetected in final vaccine, causing a tragic accident?" (emphasis added) He adds that their "present knowledge of virology

is such that this possibility is not out of the question when monkey kidneys are used, and [they] must not let this happen." {R00290/p.495}

ETHICS, ETHICS, ETHICS

Participants at the NCI Seminar #29, 1968, discussed the issue of "ethics", or, at least gave it lip-service, confirming the accuracy of somebody's statement that ethics are actually the principles of unprincipled individuals.

Some vaccinists feel compelled to be truthful or at least inquisitive. When this financially adverse shortcoming of their conscience calls, they know that apology is a must, restraint imperative. And yet, there are occasional weak moments such as when Dr. Thomas Francis, Jr. from the Department of Epidemiology of the University of Michigan, School of Public Health at Ann Arbor dared to sum up his views of the NCI Seminar # 29 and disagree with some of the prevalent beliefs. Disclaimer has to follow disclaimer under these circumstances: "If I were a little smarter, I would pass," he says, "but I can't always have the opportunity to express a few views under these circumstances."{R00290/p.531}

"I am not sure whether I am not in the camp of the Philistines at the present time [he cautiously ventures] because there seems to be a general assumption that virus vaccines should be live vaccines and that this is completely acceptable." {R00290/p.531} (If everybody agrees, could a minority of one be right? I like him, he has guts...) "I still would like to retain a demurrer on this and feel that there is no single thesis that is completely right".{R00290/p.531}- Dr. Francis, your position is equated with heresy by the medical establishment!, despite the fact that it is forever changing and yesterdays truisms are to-day's pooh-poohs!-

Maybe he has trouble identifying problems clearly; his logic imprecision can be seen in his choice of a story that he thought illustrated his point of view, yet did not quite parallel it: "a man... was trying to decide on a watch to buy--he was a watch collector, and there were two watches, quite valuable. One of them didn't run, and the other lost a second per day. So he went to a computer for advice, asking which he should buy. And the computer said: 'If you buy the one that is stopped, that doesn't run, at least it will be right twice a day. If you buy the other one, it will be right only once every 120 years.'"{R00290/p.531}

Dr. Francis was not fully convinced of the necessity of making "live" vaccines, he thought that with certain adjustments "killed" vaccines were OK, and that it was only the frequently espoused belief that "one can't improve on nature" that caused vaccinists to mimic it with ve vaccine. {R00290/p.531}.

ven if glimpses of truth occasionally force their way through, proverbial gall persists. How else could Dr. Francis Jr., following up with the examples and theses that didn't quite fit, first assert that live vaccines follow the precedent of pox sowing, and then recommend that "one should try to improve on nature." After all, doctors are not God, or are they?

Ethical concerns are as poorly represented in *vaccine-land* as scientific accuracy. Whereas in the manufacturing of pharmaceuticals, thorough (if not always accurate or honest) documentation and proof are always a must, in the mythical land of *immunia* such niceties are done away with, and *policy*, *precedent* and *point of view* prevail, a terminology borrowed from law and politics, that should have no place in resolving issues of the biologic sciences.

Any real scientist would cringe at a statement such as: "another point commonly used in the consideration of live vaccines [is] that one

gets local immunity in certain areas as well as a general immunity which reinforces the resistance."{R00290/p.531}Dr. Francis Jr. believes, however, that it has not been established in any concrete fashion that there is a specific cellular immunity derived from the infectious process, whether it is by natural means or otherwise. He also recalls some fiascoes of an early influenza vaccine trial when they inoculated "human subjects with *not too highly* attenuated strains, [emphasis added --well, what was the attenuation then?--], and they took sick". When, three or four months later, they "reinoculated these people with the same strain of virus...one third of them who had been sick the first time took sick the second time."{R00290/p.532}. So much for the effectiveness of this vaccine!

Furthermore, "the people who had been vaccinated subcutaneously at the same time, if anything, had a better resistance than the ones who had been previously infected. So there again the idea that you have a local antibody as being a major factor" {R00290} had not convinced him. The logic in the foregoing process eludes me totally!

Controversy is healthy in science, and under normal circumstances leads to more thorough, intensive research. But totally inconclusive findings, with no real risk to benefit ratio used as practically the only basis for making wide sweeping decisions and ecologic modifications in the human population, are incredibly irresponsible actions, a crime against humanity that in my opinion deserves a Nuremberg-like trial.

There is always a moment to apply a sugar coating when it comes to discussing safety of vaccines. Dr. Francis, Jr. also knows how to make candy out of bitter herbs, and adds the cheerful comments expected of a vaccinist to the presentation. At the closing of the NCI seminar # 29 he was "very pleased to see that the scare...as far as the oncogenic viruses in relation to vaccines" were concerned, was

reduced. I am still perusing the material to find the basis for this particularly comforting thought!

He also hoped that this state of affairs would enable them to use "materials which may have some theoretical objections, but where this objections [could] not be substantiated, particularly when there [was] a need for those vaccines."{R00290/p.532} He affirmed (would he get three *atta-boys* for that?) that he had never been one to be "particularly scared by the theory...[without]...substantiating information."{R00290/p.532}

He showed the usual optimism and one-upmanship expected of those who float in the soft padding of bribery and deceit, by making the momentous announcement that: "one of the principles of prophyctic immunization, at least with virus vaccines,...[was] to have a vaccine that contains the agent you wish to have as immunizing agent, and not a lot of others."{R00290/p.532}

Dr.Francis's final comments were as hyperbolic and cryptic as the field of vaccines itself. He recalled a meeting that had taken place in Rome, 13 years before, when Dr. Koprowski was calling for "support of precedent", stating that that was the "era of Pasteur, Jenner, and Tyler". These are all famous in the field of bacteriology and vaccination. Dr Francis, sarcastically added that "He [Koprowski] did not mention the celestial kingdom as being part of the earlier group..."{R00290/p.533}. At that early meeting, Francis rebutted Koprowski by stating that he [Francis], happened to come from "another school that [belonged] to Avery, Heidelberger, Landsteiner and others who believed in purified antigens. [In thirteen years their] situations [hadn't] changed much."{R00290/p.533}

It has well been said that scruples are the ethics of those who don't have any. Dr. John P. Fox, Deparment of Preventive Medicine, University of Washington School of Medicine in Seattle, Washing-

ton lumped all problems into one oversimplified concept as his finishing statement at the NCI Seminar # 29, and expressed that: "the potential importance of nonviral antigens [was] limited to parenterally injected vaccines...greatest for nonmultiplying viral antigen while the problem of undesired microbial flora, including possibly oncogenic viruses, [was] more pressing when the essential viral antigen [was] infective."{R00290/p.535} In plain English, killed vaccines that are given by shots could make you allergic to other contaminating proteins, while live virus vaccines could do that, plus increase your risk of getting cancer and other germ-caused illness, a choice between the frying pan and the fire!

THE FUNDAMENTAL RISKS IN VACCINES RANGE FROM CREATING ALLERGIES TO THE PROTEINS CONTAINED IN THE SOLUTIONS, TO CREATING MALIGNANCIES AND OTHER GENETIC MUTATIONS.

Some researchers occasionally have a decent concern for humanity. Dr. Fox's even scared Dr. Francis: they were strongly supported by "substantiating information"{R00290/p.533}. Recalling a previous vaccination campaign he reviewed problems which beset the ***yellow fever*** inoculations in 1942, when the cells used to grow them on were found to have certain potentially dangerous characteristics, and disease followed their administration. Some diseases occurred globally, others were limited to certain geographic areas. The vaccine types used, and the associated problems were as follows:

NAME	CELL SUBSTRATE	COMMON SIDE EFFECTS
French neurotropic	mouse brain	Postvaccination encephalitis
and 17D		Serum hepatitis (US and Brazil)

	Postvaccination encephalitis
	Allergy-systemic
	Allergy-serum-sickness
	Sensitivity to subsequent rabies vaccine (grown on duck embryo)
	Serum Hepatitis (US and Brazil)
chicken embryo	Avian leukosis and CELO virus

But he reinforced the "positive", stating that chicken contamination existed "except when the chickens are from special flocks"{R00290/p.536}, and that the human serum used that produced hepatitis had "long since...[been]discontinued."{R00290/p.536}.His statements, although maybe encouraging to a group looking for reassurance, not truth, are rather disquieting to me, particularly that "chick embryos... universally contain viruses of the avian leukosis complex " and that cells of human and simian origin can be infected in culture with Rous sarcoma virus [a member of this complex]" {R00290/p536}. And yet, he affirms "neither children nor adults developed antibody to these viruses when given vaccine demonstrated to be contaminated". {R00290/p.536} The absence of antibody formation against an inoculated virus is a sign of danger or immunodeficiency, is it not?

Foxy Dr. Fox states that "in an experience extending over a 30 year period and embracing many millions of vaccinees, no evidence of trouble attributable to undesired viral or other microbial flora of the virus-producing host has been uncovered."{R00290/p.536}

Obviously, to uncover any problems in a study, you have to know what you are searching for. I am unaware of any follow-up studies where the purpose of the research was to detect vaccine related oncogenes, vaccine related connective tissue disease, cardiovascular disease, malignancy, immunosuppression, or any others. There is always great emphasis placed on the skill of making statements that

are 100% factually correct, while applying semantics to also making them deceptive and disinforming.

ONE OF THE "ESTABLISHMENT'S" DOGMAS IS THAT VACCINES ARE AS SAFE AS MOTHER'S MILK AND AS AMERICAN AS APPLE PIE

Actually, any suggestions that vaccines are not as healthy as mother's milk and as American as Apple Pie, are strongly rejected by the greedy establishment and also by the seduced public who loves to cling to the magic. Incidentally, I tried to obtain follow-up studies of the human guinea pigs who were members of the U.S.armed forces, (the recipients of adenovirus vaccines), and all correspondence in response of this request insisted there were no records of the veterans thus contaminated!

NO COMPREHENSIVE FOLLOW-UPS ON ANY GROUP OF VACCINEES WERE EVER DONE IN THE U.S.A., AND THOSE STUDIES PERFORMED WERE LIMITED AND NOT PUBLICLY REPORTED.

Dr. Fox does not know when to shut up, for when describing polio vaccine risks, he clearly betrays that he had preexistent knowledge of this product's contaminated status, by stating that "kidney cells from rhesus or green monkeys...are the recognized potential hosts of a large number of viruses, ***most of which*** [emphasis added], including the very dangerous B virus, have been excluded successfully from the vaccine."{R00290/p.536}. This latter statement happens to be a quote from the CANADIAN JOURNAL OF PUBLIC HEALTH,

#45, pp.509-518, published in 1954!! And yet, after all his experience with SV-40 and others, he has the audacity of making such assertion. Anyhow, what actual percentage is "***most of***", and what bearing does this have on the health of your fellow humans? Dr. Fox, you will have to find a hole to hide in one of these days. Hope they have one large enough for blockheads!

Undaunted by the previous blunder he rapidly makes a mad dash to the very issue of SV-40, and without explaining the time-frame of the last paragraph, skirts the issue of responsibility by affirming that successful exclusion of viruses depends on "knowledge of existence of the viruses and availability of means for their detection." {R00290/p.536} which, according to Dr. Fox is what happened when SV-40 was "fortuitously" recognized after being present "universally ...in the Sabin vaccine and given to a vast number of persons." {R00290/p.536}

He likes to show how much he knows, even if such knowledge will increase his liability when justice takes over, if he is still alive. "It does induce infection in man after feeding, after respiratory infection, and after parenteral injection"{R00290/p.536} and if this were not enough to scare everybody to death, he adds that "antibody persistence after such injection *is* [emphasis mine] compatible with viral persistence".{R00290/p.536}

THE "NEWS" ABOUT SV-40 WERE DESCRIBED AS "BAD" NEWS AND "WORSE" NEWS

There are bad news, and then there are worse news. "Although impressively oncogenic in hamsters, no similar effect has been observed in man. That it probably will not be observed is suggested

by the failure of infected children to develop antibody to the SV-40 tumor antigen".

Dr. Fox, are you really a man specializing in immunity, do you really mean what you say? Did you look at the cancer statistics of your times, did you peek into the future to detect "AIDS" and "we are winning the war against cancer"?

And the merry-go-round keeps on turning and production lines stay oiled and active, producing vials of blood, sweat and tears, while scientists proclaim that "both the SV-40 story and the recent green monkey episode[Marburg, Germany],illustrate a major general problem of live virus vaccines. Unless or until the presence of an adventitious agent becomes manifest, it is not possible to exclude it." {R00290/p.537} Yet he is an optimist, as is required of vaccinists, for he affirms that "this uncertainty must not be given undue weight" {R00290/p.537}, and I say: --Compared to what? Dollars, Swiss Franks, Power, Life?-- He thinks he is justified in such wide sweeping predictions because the "extensive experience...has been remarkably free from adverse effects ***attributable*** [emphasis added] to adventitious agents derived from the virus producing host"{R00290/p.537}. And no supportive scientific grounds are offered. Dr. Fox feels that a long term follow-up to see what happens to those who received different experimental inoculations, such as yellow fever and measles, will be of great value. If we are still going to see *what* happens, it means that this is an *experiment on humans*. He envisions these human biologic experiments to be sources of much knowledge. It is clear to him that some of those experiences can broaden scientific information on "perhaps trivial factors such as learning ability and behavior" {R00290/p.537}. He also cites that Dr. Koprowski mentioned "the possible relation of measles to multiple sclerosis. This is something which may ultimately become evident as a result of studies of this sort." {R00290/p.537}. I wonder how the unfortunate vaccinees would feel if they knew that they were given a substance that had not been fully

investigated, and that they are being watched throughout their lifetime to see if they come down with mental problems, memory loss or multiple sclerosis?

**UNTIL A VIRUS IS IDENTIFIED AS CAUSING PROBLEMS,
IT CAN NOT BE SEARCHED FOR OR FOUND,
SO THIS IS A "CATCH 22"**

Sadly enough, it became evident too soon, but the public continues exposing first one and then turning the other "cheek" and receiving poison after poison.

The finishing touch to any speech on vaccines has to be the proverbial medley of effectiveness with an undertone of safety to ensure that research bucks will keep flowing. While Dr. Fox admits that "no biologic is utterly safe" and that such products "must be justified by weighing the ***ascertainable*** [emphasis added] associated risk against the resulting from its nonuse" {R00290/p.538} He quotes from a 1964 paper written by Dr. Hilleman: "while it is axiomatic that vaccine development should be subservient to safety, it is likewise essential that concepts of safety should be founded on fact and seasoned judgement rather than theoretical or conceptual phobias hat preclude further progress in this approach to the control of ıfectious disease."{R00290/p.538}

Rhetoric, rhetoric, rhetoric! The development of vaccine is neither safe nor unsafe, it is when living creatures are endangered by the misuse of dangerous, unqualified biologicals and the violation of human rights that is the real danger. And, most dangerous of all are mad and greedy scientists who as the traditional three monkeys do not see, hear or speak up!

It is obvious that Dr. Hilleman wielded much power in those times, and liked to be heard, because Dr. Fox, before quoting from Hilleman's paper, announced that this big guy was getting the last word in, after all!

Dr. Hilleman really likes to add to the general information, as long as he can push one or another of the vaccines. His lack of ethics is amazing, to the extent that he sees ways to turn around facts to ridicule others even when these have just tried to temporize with him. He turned his anger against Dr. Buescher one more time, pretending that he, Hilleman, was the one concerned about the safety problems of adenovirus vaccine, stating that: "There are good killed vaccines against adenoviruses and now good live vaccines against these agents. However, because of the ***carcinogenicity problem***, there is limitation to use of live type adenovirus 4 vaccine, which Dr. Buescher hopes might provide some protection against other adenovirus types if given nasally."{R00290/p.537} Despite having just turned around Dr. Buescher's statements and putting words in his mouth he never said, he stated that that approach merited exploring, yet he admitted to wondering "whether such vaccine might open the way to secondary bacterial infections and cause problems of guilt by association if not guilt by cause."{R00290/p.537} He also felt that him and others "who have the responsibility and liability of vaccines would tend to be very cautious in introducing live viruses routinely into the respiratory tract for immunization purposes."{R00290/p.541. Dr. Buescher apparently never had a chance to answer or rebut, maybe Hilleman was so cocky because he had stepped out. We will find out some day, I hope. I invite all readers to go over Hilleman's and Buescher's controversies about the adenovirus covered under the headings of adenovirus vaccines, ethics and other areas, and try to make any sense of Hilleman's statements, excepting his being an expert at covering his derriere at all times and all costs.

The next segment might be extremely important!

ETHICS AND EARLY GENETIC ENGINEERING

In 1968 no rules had been made for proper biologic containment of recombinant genetic materials. The very concept was not very clear, and the public was too worried about their young sons dying in the Vietnam jungles, to consider the almost fictional world of recombinant nucleic acids. But the "experts" felt differently...

GENETIC ENGINEERING WAS BEING PRACTICED IN THE 1960s BEFORE ANY CONTAINMENT RULES EXISTED

When Dr. Hilleman was a speaker at the NCI Seminar # 29 (1967), although still immersed in the rhinovirus quagmire he was looking at the way to pad his pocket when the golden eggs of adenovirus might turn to base metal by *reverse transcription* and please forgive the pun! *Gene-splicing* and *genetic engineering* had not yet become the household words of the early seventies, yet Dr. Hilleman's eyes were on *interferon*, another way of interfering with Mother Nature. In 1968 he was dreaming of *inducing* interferon production by selection of the specific RNA because of the high cost of making egg interferon.

DOUBLE YOUR PLEASURE, DOUBLE YOUR FUN...WITH DOUBLE STRANDED RNA IT REALLY COULD BE DONE...

The late sixties saw the rise of a growing interest in RNA. To-day we think of the double strands of RNA which we see drawn and described in research, especially in the research related to "AIDS". In those days, however, it was known that although DNA was always double stranded, ***RNA was usually single stranded***. Double

stranded RNA was a rarity under natural conditions, which makes the fact that HIV is double stranded, something to be considered and investigated. Dr. Hilleman was aware that double strandedness of RNA had its merits: it was the determinant to induce biologic interferon production, and admitted that he and his co-workers had used several types in their work, including one which was "of synthetic origin, and consisted of a complex of the inosinic acid and cytidilic acid homopolymers". Oh, Dr. Hilleman, is this *synthetic* of 1967, our ***recombinant*** of 1991...? Were you playing with this extremely dangerous toy before any containment measures were even dreamed of? "Another [was] a double stranded RNA which was recovered from extracts of Penicillin funiculosum [sic] and which is commonly referred to as ***hellenine***. They *presumed* that this effect might derive from a viral *contaminant* of the fungus. a third source was from the virion of reovirus 3 which uniquely had ***double-stranded*** nucleic acid rather than single stranded. "Finally, replicative form double-strand RNA from coliphage has been used. All of these are active in microgram amount in inducing interferon and resistance to viruses in vivo and in vitro."{R00290/p.541}

DR. HILLEMAN, DID YOU TELL DR. R.C. GALLO THAT YOU WERE PLAYING A DANGEROUS HAND OF GENETIC ENGINEERING WITH DOUBLE STRANDED RNA (SUCH AS WE FIND IN THE HIV VIRUS), WHEN NOBODY HAD EVER HEARD ABOUT THIS GAME?

Although he did not admit to having performed any experimentation with these substances and biologic creatures, Dr. Hilleman affirmed that these materials were "highly active when given intranasally, [being a] special promise for control of viral respiratory illnesses, particularly the common cold."{R00290/p.542} Where and how this was tested is still a mystery!

The public has a right to know what containment, if any, was used, and who the *volunteers* were that were used for vaccination studies. Are they ill, now, are they dead? How is their offspring, or were they sterile?

ETHICS? AND MILITARY HUMAN EXPERIMENTATION

Administering a substance that is known to be ineffective or harmful to an uninformed human being is unethical, criminal. Actually, such a practice is known as ***quackery.*** Dr. Rosenbaum, who had conducted controlled vaccine evaluation in large numbers of naval recruits at the Great Lakes Naval Medical Research Unit # 4, at Great Lakes, Illinois, reported that men vaccinated with monkey kidney based inactivated adenovirus 3,4 and 7, rhinovirus type 1 and Salk poliovirus vaccines had had more cases of rubella (up 6 to 38%) than those who received placebo. More information can be found on this subject on page 543 of our reference {R00290}.

Is this the first time that our troops were the victims of biologic attacks. Absolutely not...

THE HEPATITIS EPIDEMIC OF 1942

WHOEVER DOES NOT REMEMBER THE LESSONS OF HISTORY IS CONDEMNED TO REPEAT IT

It was 1942, and World War II was creating the materials that would enrich movie-makers for the half century to follow. Men were dying from shots in the field, but many more were becoming ill, even dying, from the "shots" received at the hospitals and dispensaries at home:

"An epidemic of icteric hepatitis in 1942 affected approximately 50,000 U.S. Army personnel. This outbreak was linked to specific lots of yellow-fever vaccine stabilized with human serum." {R02001}

The authors of the paragraph quoted above, prepared a review of this catastrophic event that took place in "The Summer of 42". They are all employed by various hospitals of the Veteran's Administration, and the grant to evaluate this "infectious" disease was provided by, you guessed it!, the National Cancer Institute.

In their study they "interviewed and serologically screened 597 veterans who had been in the army in 1942." They were selected from "three groups. Group 1 consisted of patients who had received the implicated vaccine and had jaundice; Group II had received the implicated vaccine but remained well; Group III had received a new, serum free vaccine, with no subsequent jaundice. Ninety-seven percent of Group I, 76 percent of Group II and 13 percent of Group III were positive for antibodies to hepatitis B virus. Only one subject had hepatitis B surface antigen, for a carrier rate of 0.26 percent among recipients of the implicated vaccine. The prevalence of hepatitis A antibody was similar in all three groups, and no subject had antibody hepatitis delta virus."

On the basis of their study, the authors drew the following conclusions:

1.-that hepatitis B caused the outbreak;
2.-that about 330.000 persons might have been infected;
3.-that hepatitis B carrier state was only a rare consequence, and
4.-that the hepatitis B antibodies appeared to persist through life.

March of 1942 is a very dear date in my life. There, on the third day of the third month, I opened my eyes on planet Earth. I was oblivious that at the same time, the Preventive Medicine Service of the

Surgeon General's Office observed that jaundice was increasing among U.S. Army personnel in the U.S. and also overseas. A study by Sawyer et al. published in the American Journal of Hygiene in 1944 concluded that the cases happened about 3-31/2 months after a yellow fever vaccination, and that this was the causal relationship. The researchers rapidly arrived at a consensus that was expedient, if not fully established, that it was the human serum in the lot causing this illness, withdrew the vaccine and resumed it in a new preparation, after April 15, 1942. Beware, of the Ides of April... Jaundice, continued occurring, peaking in June of 42 and stabilizing the number of cases around October of 42. These dates make the connection with the vaccine somewhat questionable in my mind, but conclusions in the mythical land of vaccinia are drawn by the needs of expediency, not the ethics of genuine science.

It turned out that the human serum used came from medical students which, in a retrospective analysis, had had some form of jaundice or another. The total number of cases were never' known, but hospital admissions were over 50,000 and the death rate was 2/1000, that still accounts for 100 men that died for someone's greed!

When the retrospective study was done, the hospitalized patients were included in group I, group II comprised all non-hospitalized patients, which was no guarantee that they had not had hepatitis. Curiously enough, this batch of documents was lost in St. Louis in a 1973 fire... The control groups were, mysteriously enough, chosen from an all-white sample of insured of National Life Insurance company, who were still alive in 1946.

The study was expected to "strongly support the long held expectancy that the 1942 epidemic of jaundice in the U.S. Army was the result of hepatitis B infection." The authors also concluded that the high titer of Hepatitis B antibody in these individuals indicated that the "natural illness" caused higher antibody titers than vaccines.

How *natural, or man-made,* the 1942 epidemic was is still to be determined!

It is always an honor to go down in history as having achieved some positive record, but I doubt that the U.S. Army prides itself on the fact that "perhaps 330,000 men were exposed to the hepatitis B virus in the course of a sixteen month period in 1941-1942 with a symptomatic disease:exposure ratio of 1:7. This represents the largest point-source outbreak of hepatitis B ever recorded." (p. 962 NEJM)

The researchers are also pleasantly surprised that few people remained in a carrier state, but they say that their "explanation is that carriers may have died of cirrhosis or liver cancer before the 1985 serologic survey", a suspicion that was apparently not supported by the available data. Another reason, they suppose, is that current (1985) studies usually target "potentially immunodeficient populations with multiple exposures, such as intravenous drug abusers or homosexual men, or persons of Asian descent who may have been unidentified HBsAg carriers since birth." The observations lead to assume that a carrier state is more common in:

males	Asians
blacks	Yupik Eskimos
impaired immunity patients undergoing hemodialysis	
Taiwanese	

50,000 were hospitalized, countless became sick, latent effects from this are unknown, but did anyone suggest to change the atrocious practice? No!, the poisoned needle never stops, until you will stop it!

UMOJA RESEARCH

ONCOGENESIS OF ONCOGENIC CELL CULTURES-THE unETHICAL ASPECTS.

In the strange world of Vaccine Manufacturing, danger and risk is dealt with in a totally cavalier manner. Those responsible often do not hesitate to tell of the incredible blunders that are perpetrated on a daily basis, assured of complacent silence from other guilty producers and scientists. They can even admit freely shocking data such as the cancer producing capacity of vaccines commonly employed. One vaccine in use since 1965, used against foot-and-mouth disease has been prepared on definitely oncogenic cells, BHK-21 (Baby Hamster Kidney), is a confession freely made at the NCI Seminar # 29. Dr. W. Hennessen's reports that by 1968, 20,000,000 cattle had already been immunized in parts of Europe, Latin America, and Africa as well [without] untoward effects ... regarding malignant tumors from this vaccine." {R00290}

Persistent disagreements between vaccinists are constant proof of their lack of clear cut data and precise information. Dr. N.C.Reisinger from the NCI felt that such vaccine "***could have***, [emphasis added--but he does not say *it has*--], increased the tumor frequency or incidence in these animals by a factor of two."{R00290} He also explained that they did not really know for they had no adequate baseline on such subject in many countries.

The appearance of tumors in cattle may be hard to follow, anyhow, due to the young age at which these animals are usually processed for food use. What the researchers do not address is the potential for human malignancy or illness stemming from eating such cattle, or the potential horror that any animal thus inoculated, could have been used in the manufacture of biologic products for medical use in humans. Even the use of leather in shoes, poses the potential danger of irritating and penetrating the skin and causing untold disease and misery.

It is hard to believe that in the absence of any data a vaccinist, always eager to defend the absolute safety of their lethal poisons, would say that one of them might duplicate malignancies, even in animals, unless the information was planted to distract from more severe problems. Furthermore, since animal experiments in other countries are usually done before a product's use in the US, it would be unlikely that no preliminary data would have been obtained.

The same concern I just expressed was also addressed by one of the participants of Seminar #29. Dr. Robbins entered a sensitive area at this point of the informal discussion, reminding that the life of cattle is usually terminated early, by slaughter, and that conclusions regarding natural life-span were not obtainable under these circumstances, an issue that Dr. B. La Salle had already discussed in his presentation. This was amplified by Dr. Reisinger who had some facts, after all. He reported that in the US, the spontaneous tumors which occurred in cattle were at age 5 years and up, as reported by slaughterhouses, and affected 20% of these animals. At the time of the NCI Seminar they were still guessing at which of the proposed causes might be the real one:

1.-"presence of latent agents in the monkey cell culture or in the viral seeds" {R00290}
2.-"removal of interference mechanisms by the effect of the vaccine"{R00290}
3.-"hypersensitivity reactions to the cell culture antigens" {R00290}

CHAPTER XXIII

HOW CAN WE GET CANCER? LET ME COUNT THE WAYS...

POLYOMA-VIRUSES AND THEIR ROLE IN CANCER PRODUCTION

We don't know what causes cancer, or **do we**...?

The role of viruses in cancer production has been carefully concealed from the public. Some information about *retroviruses* has surfaced due to the *AIDS mythology*, yet thanks to the concerted efforts of the Cancer-Aids-Mafia, the public has heard little or nothing of the role of DNA viruses in cancer promotion, although many of the original studies on the relationships between viral infection and malignancies were done with DNA viruses, in particular, the family known as polyoma-viruses (of which the contaminant of the polio vaccine,

SV-40, is a member), and the other large family of the herpesviruses.

DNA VIRUSES ALSO CAUSE CANCER

In their book on the MOLECULAR BIOLOGY OF POLYOMA VIRUSES AND HERPESVIRUSES, the authors, Perbal and his colleagues ask themselves the question: "What role do polyomaviruses and viruses in general, play in creating and maintaining" the characteristics that make a cell act different or transformed when attacked by a cancer virus?"{R00340}

SV-40 AND POLYOMAVIRUSES ARE THE GREAT HOUDINIS OF THE VIRAL COMMUNITY

All studies about polyoma and SV-40 viruses reaffirm that these are deceptive and confusing agents. In addressing the particular role of polyomaviruses, the authors assert that these contain "the smallest amount of genetic information. The mechanism by which this DNA effects its profound alterations on cells remains unclear"{R00340/p.25}

However, it was theorized, at the time this book was written, that the circular SV-40 and Polyomavirus might integrate (become part of the genetic information of the nucleus of the cell they parasitize), at random locations, that the circular DNA uncurled at that site, and that only small parts of the genome were necessary to transform the cells (make them diseased or cancerous). To make the determination of this process trickier, the following two phenomena happen:

1.- it becomes impossible to detect the viral genome once it has been integrated
2.- it may reappear if the transformed cells are fused to others which are naturally "permissive" for SV-40 or polyoma.

We are used to think of viruses as *agents that cause sudden, destructive disease* such as smallpox or measles. Polyoma viruses are *different*, their main traits being:

1.- prolonged lytic (destructive) infection.
2.- The polyomaviruses and SV-40 "integrate" into the host genome.
3.- They are capable of mutating a cell.
4.- They may reproduce, but usually only after the addition of a helper virus.
5.- They enable the "excision" of viruses (separate replication of the viral genome)
6.- They can generate immune responses.
7.- They can induce malignancy.

Albert B. Sabin, creator of the Sabin vaccine is quoted in the Perbal book as saying that "[The] exploration may lead nowhere in the search for a possible viral etiology of human malignancy, but it is something that needs to be done...because of the strong probability that human beings are not likely to be an exception to what has been observed in lower animals." {R00340/p.33}

IS THE MEAT MARKET AT YOUR GROCERY STORE GIVING YOU "AIDS"?

If the hodge-podge created by vaccines for humans is giving you reason to worry and be concerned, please consider the incredible world market of vaccine for pets, cattle and other animals, which, a

the time of the 1968 Seminar already exceeded 8 billion doses, the majority of which were grown on fresh animal tissue. 176,800,000 doses, however, were grown on cell cultures that year. Since cell cultures were not licensed for human use then, mankind got them on the rebound by eating animals inoculated with such vaccines. (The majority of the viral vaccines produced on cell cultures were poultry and cattle vaccines).

As far back as 1968, during the National Cancer Institute Seminar # 29, Dr. Bernard La Salle, L.S.A, D.M.V., presented the paper on veterinary vaccines, including extensive lists of types and numbers of vaccines produced in that year. He observed that they had "no field report of clinical evidence of oncogenicity or tumorigenicity in the animals used in this country (USA)."{R00270,p.522}. But, as a true scientist, he had misgivings and presented them in clear and concise context, stating that "in evaluating this negative statement it is necessary to consider several facts that limit its significance:

1) Oncogenicity and tumorigenicity require the presence of enough numbers of viral particles or cells in a host made susceptible by complex, genetic, chronological, physiological, pathological, biological, chemical or physical factors.

2) (They) have no report of any attempt to correlate the incidence of animal tumors with the use of cell culture vaccines

Yes, and the epidemic of cancer and malignancy grows larger every day, and in the last year we have added recombinant vaccines... Certainly, we must think about these dangers, and wake up to our responsibility!

POLYOMA IN RECOMBINANT DNA

Since the press and the average reader only scan abstracts of articles, abstracts of sensitive material are always written in such a way that the bitter truth is graciously sweetened by carefully chosen jargon. In the 70s, concern about recombinant genetic material was still in the news. Boredom and habituation had not yet completely obliterated some spark of worry or inquiry by the public. Fat profits were beckoning from the industry, and laws had to be written, not so much to protect, as to appease the populace.

As the reader will remember, recombination or "molecular cloning" is a process used to manufacture new molecules into which part of others had been inserted. The most common carrier for the new molecules were the microorganisms known as *Escherchichia (E) Coli* which normally live by the millions in the lower intestine.

There has always been serious concern that recombined bacteria may find their way into the environment and our bodies, and cause severe problems.

SCIENCE published an article{R01600} about the use of Polyoma DNA in "molecular cloning" into *E. Coli* for the purpose of oncogenicity (cancer production) testing. The "Abstract" triumphantly states in its first sentence that "Inoculation of suckling hamsters with...E.Coli ...carrying the complete genome of polyoma virus in a recombinant plasmid, failed to induce tumors in any of 32 recipients." {R01600}

This sounds like the procedure is pretty safe (at least to hamsters that are on breast milk and under laboratory conditions. You can be assured that your pet hamster will not be damaged by this procedure, I guess. If you read on, however you will find that even those little critters had a "low degree of oncogenicity"{R01600} when they were injected with purified recombinant plasmid DNA, and so the resear-

chers concluded that the "propagation of polyoma virus DNA" (suddenly we are studying ***propagation*** and ***not oncogenicity***?) "as a component of recombinant DNA molecules in *E. Coli* reduces its biologic activity many orders of magnitude relative to the virus itself." {R01600} Without even venturing to determine what that verbiage is covering up, suffice it to know that "many orders of magnitude may mean you need 1000 or 10 000 fold number of particles to wreak some form of havoc or another. If we now recall that it only takes 10 or 20 particles of polyoma per cell to cause malignancies, 10 000 viruses is not much to ask for!

This article was written to report "the results of a series of risk assessment experiments involving derivatives of Escherchichia Coli K12 bearing recombinant DNA that contains the complete genome of Polyoma virus."{R01600} as is obvious, it did not deal with the much more reactive recombinants bearing only parts of the genome! Suckling hamsters, for instance are very sensitive so that "intact virions are not required for tumorigenesis, since [they] have recently shown that naked DNA and even subgenomic fragments can induce tumors in them." {R01600}

The ***complete genome*** which is, in its natural form, circular,

1.- was treated with an enzyme (single cut restriction enzyme), that breaks the circle and straightens the genetic information into a linear form
2.- ligated to plasmid or lambda phage vectors,
3.- propagated in *E. coli K12*

Whereas *E. Coli with recombinant DNA* did not cause tumors in suckling hamsters when injected into their backs, *other modalities of recombinant DNA* did.

DID THEY STRESS THE RISKS? DID THEY LOOK FOR RISKS OTHER THAN TUMOR PRODUCTION?

A study that from the onset purports to be for "risk assessment" and that might step on the oversensitive toes of the recombinant DNA industry, is certainly not in the market for finding or reporting problems that are not convenient to the manufacturers.

After showing the data on the chart, they went from science to rhetoric and dialectics. They stated that: "With regard to the relevance of these studies to risk assessment, the tests with live *E.coli* are clearly the most pertinent in that they are the only tests that in any way mimic a possible naturally occurring event" (Israel). How so, say I, but they do not comment... The researchers were comfy in their conclusion that "the bacterial cell constitutes an effective barrier against the transfer of its DNA to eukaryotic cells." Assuming that that is a fact, what happens when the *E. Coli* dies or is otherwise disintegrated, and the DNA leaves its "effective barrier"?

Liars always slip their tongue and demonstrate the ***real*** intent of their behavior: "these experiments constitute a 'worst case' analysis; that is, the ***experimental design***" [emphasis mine], "maximizes the chances for obtaining positive results. Thus, it is all the more striking that neither the live lambda 1776 harboring recombinant plasmids [they refer to recombinants which include a lambda phage] nor the phage preparations containing the monomeric polyoma DNA insert induced any tumors."

What they are telling you is :

--"Disregard the danger signals and pat yourself on the back, and everything will be O.K.!"--

Since they know that the media people will always read the last sentence, they conclude: "The finding that no tumors were induced with the viable plasmid-containing bacteria not only provides further evidence for the safety of cloning viral genomes in *E. coli* but also provides for the safety of cloning other postulated oncogenic gene segments."

The evidence shows that the material causes tumors in all conditions excepting when contained in *E. coli* and injected in baby hamsters, but they say it is safe.

The nature of their logic can be compared to that which underlies any other such decisions, similar to what an accountant who worked for the city told me about his extremely stressful job: He labored diligently at figuring out an account or a budget, and when all the "i's" were dotted, all the "t's' crossed, one of the city fathers would approach him and tell him to eliminate his conclusions and replace them with their (the city's) figures, that were probably not acurate, but certainly brought home the bacon.

We can parallel this to these scientist's conclusion that recombination is safe. Did not anybody notice the falsehood of their study?

Without stressing the risks that the genetic material represents and the tumors it can induced when NOT in the *E. coli*, the authors jump to a further conclusion to allay any legitimate concern the public may have, an finish by saying:

"Whereas the experiments presented are in need of extension to other host vector combinations" ...God forbid!..."they do add to the

reassuring conclusions of the earlier mouse infectivity studies...The findings that no tumors were induced with the viable plasmid-containing bacteria not only provides further evidence for the safety of cloning viral genomes in *E. coli* but also provides for the safety of cloning other postulated oncogenic gene segments". {R01600}

Legal English is not the proper language for *scientific* English, but no one can read any more...

THE POLIO CONNECTION
POLIOMYELITIS AND INFANTILE PARALYSIS

Polio is not an old disease, to the contrary, it appears to be entirely a product of the twentieth century, with the first reports found in an 1893 article, describing "a strange case of paralytic disease". How did this occur? In our type of reality, at least, we find that for every effect there has to be a cause: if for the occurrence of paralysis we need either viral particles to cause programming (genetic) alterations, or provoking an organism into producing antibodies against neurotransmittors, nerve and muscle tissue, these particles or antigens had to have been introduced somehow into the victim. Transmission of tissue occurs in a natural setting due to animal scratches and bites; in our society it occurs most commonly by artificial procedures: the injection of body fluids and tissues of living creatures(transfusions, shots, contaminated needles, vaccines, biologic substances such as insulin, etc.). Close contact with viral carriers also is a way to become contaminated. It was precisely in the three or four years before the first case of polio is recorded, that serum therapy was first tried out, in Germany and in the U.S.A.. Will there ever be a way for us to find the whole records of the cases and follow the unusual event, or can we so far be satisfied with the very strongly suggestive circumstantial evidence?

NEAR DISASTER WITH THE POLIO VACCINE

The scientific community is breathing easier over an event that at the time seemed to be one of the most horrifying medical mistakes in history. It is now almost certain that a recently-discovered virus, unwittingly put into hundreds of thousands, if not millions, of doses of early Salk vaccine, will not cause cancer in human beings. But for a while the evidence pointed in the other direction.

The virus, which has been the subject of much medical concern, Is known as simian virus 40 (SV40). When discovered in the kidney tissues of Rhesus monkeys, SV-40 was considered a stray considered a stay organism, one of many latent viruses that lurked about man and animal without doing any damage.

In 1961, came the frightening report that SV40 could cause cancer when injected into newborn hamsters. Alarm gripped every public health man in the country. ·undreds of thousands of children had been injected with this virus since the 'k vaccine was introduced in 1955.

·nsiderable comfort, however, was taken in the fact that SV40 was dangerous ·nly in newborn hamsters. Furthermore the dosage needed to infect hamsters was much greater than the children were likely to have gotten.

But the report touched off a flurry of research activity on SV40 and produced more disturbing findings: The tumor-producing property of SV40 was not limited to the hamster, it was discovered. A rat species also came down with tumors.

In August, 1962, a leading investigator found that the hamster could be infected as late in life as 22 days, a period that corresponds more closely to the age of younger children who received most of the vaccine. There was some evidence the SV virus could produce slight, non-cancerous infection in man, and when put in human tissue culture could cause some cell changes suggestive of tumor growth.

This meant that a definite study had to be made of the statistics in the Salk-treated children themselves. The National Institutes of Health undertook that analysis.

Fortunately, a tidy, built-in experimental model existed because the early use of Salk vaccine was controlled. In 1954, Salk vaccine was field tested among 400,000 first-, second- and third grade children in 44 states. In 1955 it was licensed as a commercial product and administered to first and second graders in all states under a free vaccination program by the National Foundation. By 1955, six million children had been inoculated. The stored specimens of the vaccine lots were available in Washington. They were analyzed for simian virus content and matched against the death rates in the various states.

The results, published in The Journal of American Medical Association, were gratifying. They showed the mortality rates in cancer have been no greater in the four years since 1955 than in the four before.

There is a slight increase in leukemia, but the same increase is shown in states receiving no SV40 in the vaccine.

"There is no reason to suspect the slight increase in leukemia mortality rates is related to SV40, " said the experts, Dr. Joseph F. Fraumeni, Jr., medical officer, and Dr. Robert W. Miller, chief of theEpidemiology Branch of the National Cancer Institute.The comparisons were made only to 1959 because complete vital statistics are available to that point.

Since the incubative period of a potential cancer virus may be longer than four years, continued surveillance will be necessary. It would be premature to conclude that SV40 is harmless...but lack of effect thus far is highly encouraging.

SV40 also has been involved in the early Sabin vaccine. It may be included in further study. Since its discovery, however, SV40 has been rigidly excluded of both Sabin and Salk vaccines.

Comfort can be drawn from an event in the 1930's when several million peopled were vaccinated against yellow fever virus.

This was propagated on chick embryos. Years later it turned out that chickens harbor one or more viruses that produce cancer in chickens. These presumably went into the vaccine that treated millions of people, but there is no evidence of an increase in cancer incidence in this group.

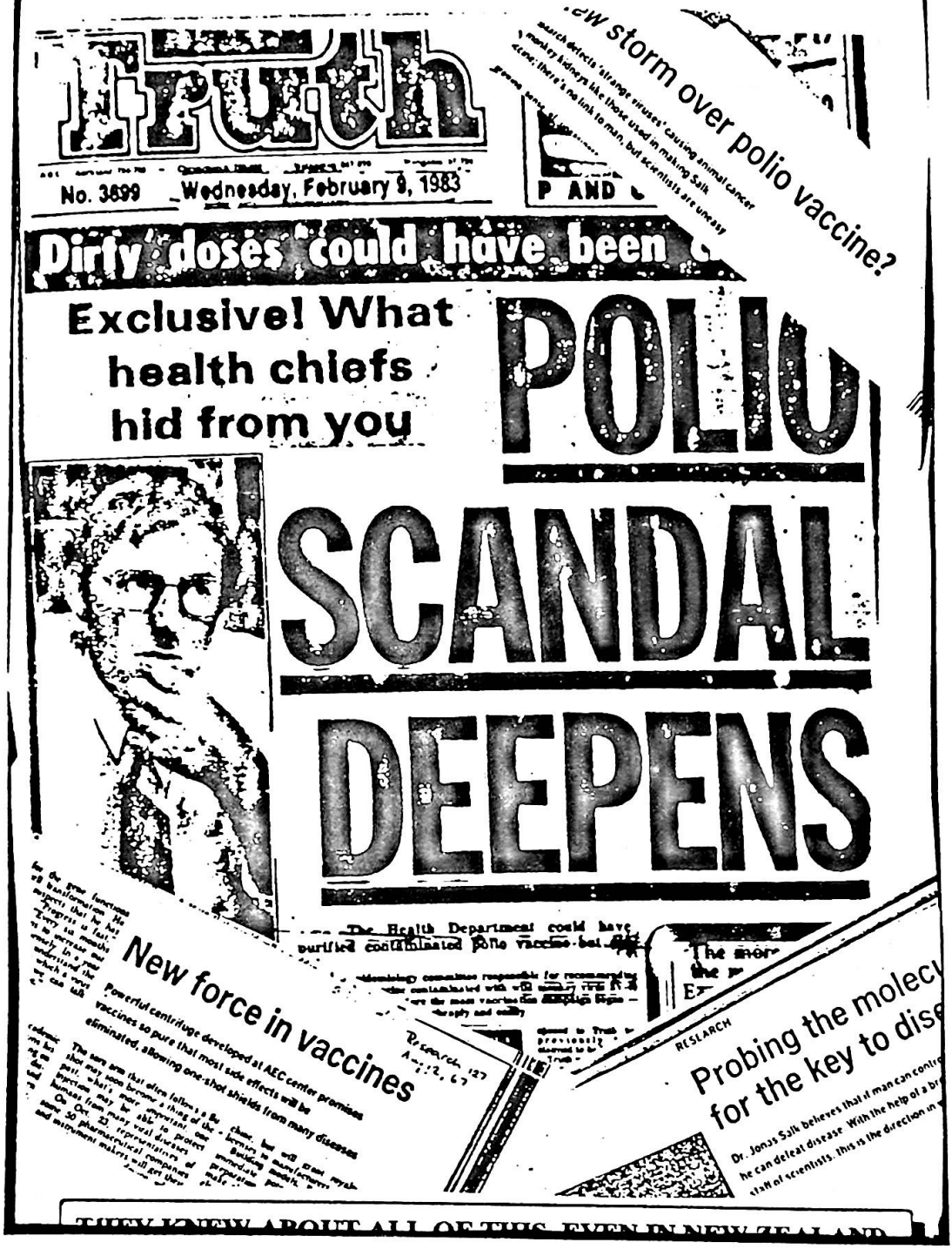
(From SCIENCE DIGEST, February 1963) **ARTHUR J. SNYDER**

THE FIRST GREAT POLIO EPIDEMIC

In 1916 the New York newspapers spread the frightening news that a paralytic plague was spreading over the country. Wild guesses were taken at the origin and form of spread. Little if any mention was made of the continuous manufacture and inoculation of body fluids from human to human and from animal to human. Both the manufacturing process and the inoculations had, as ultimate consequence, the discarding of germs into the sewage system. The sewage system was finally implicated, but the budding billion dollar industry of the poisoned needle remained unsuspected, because it was the evil white brotherhood who were perpetrating the crime.

PREVENTION OF POLIO, FACT OR FICTION

While the population was barely recovering from WWII, and bobby sox were the rage in the late 40s and the early 50s, a plague terrorized the inhabitants of planet Earth. It crept into the cradle of the young, it targeted the golden youth, it even claimed a US President. It was fanned by the ever-active bellows of the public media, and borne by sewage, some say from source unknown. My feeling is that the trail led from the drains of research labs to the contaminated water back into faucets and pools, where mixed with chlorine it became a more active contaminant.


Truth
No. 3699 Wednesday, February 9, 1983
CW storm over polio vaccine?
Dirty doses could have been
Exclusive! What health chiefs hid from you
POLIO SCANDAL DEEPENS
New force in vaccines
Probing the molecu for the key to dise
RESEARCH
THEY KNEW ABOUT ALL OF THIS EVEN IN NEW ZEALAND

THE WHITE HOUSE
WASHINGTON

April 11, 1977

Dear Mr. Gregory:
President Carter has asked
1977. I apologize for
several techni
With re
ap

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Institute of Health
National Cancer Institute

February 24, 1977

Mr. Dick Gregory
P.O. Box 266
Plymouth, Massachusetts 02360

Dear Mr. Gregory:

Secretary Joseph A. Califano, Jr., has asked the National Cancer Institute to respond to your recent Mailgram in which you express your views on Government sponsorship of research involving human experimentation. You also refer to an article entitled "Science that Frightens Scientists" which appeared in the February issue of local

I. ...ain from any experime... ...ens under condi... ...e consequences ... ...fronted.

As for the *Atlantic Monthly* article, it is true that the SV40 virus was discovered in the early 1960's. It is also true that the virus was found in certain viral vaccines prepared from virus pools grown in monkey kidney cell cultures. However, the virus had not been recognized as a contaminant prior to that time, although millions of people had received the vaccine during the 1950's. Several studies have indicated no immediate ill effects among recipients of the vaccines. Administration of the vaccines was not a secret experiment, and contamination of the vaccine was unintentional due to lack of knowledge. We believe that our expanding technical knowledge will help prevent such occurrences in the future. We will certainly do all we can to promote such technical know-how.

...appreciate your good wishes, and assure you that this Administra...intend to play an active role where injustice and human rights

LETTERS TO MR. DICK GREGORY

Lynn M. Daft
Policy Staff

Probing the molecule for the key to disease

Dr. Jonas Salk believes that if man can control the molecule he can defeat disease

New storm over polio vaccine?

Research detects 'strange viruses' causing animal cancer in monkey kidneys like those used in making Salk vaccine; there's no link to man, but scientists are uneasy

A growing sense of uneasiness is

A score that would call a sudden

Research 127
Aug 12, 67

ctively for the gene functions
cause cell transformation. He
strongly suspects that he has
covered two. "Progress is fast,"
s Dulbecco. "Every six months
ething happens to increase our
derstanding immensely. In a year
two we ought to understand the
tral mechanism by which a virus
ses cancer. Then we can talk
ut what can be done."

The boss

Salk, who is 52, acts as academic
ector of the fellows, and runs his
laboratory, which is working on
blems related to auto-allergic dis-
es such as multiple sclerosis and
umatoid arthritis. He hasn't taken
cation in years, says his wife,
ina, although he occasionally
ages some time at the beach, or
eekend retreat to the mountains
h his family. Still energetic, he
asses elevators at the institute
bounds up the stairs two at a

e hates protocol and ritual, and
kes the hand-holding involved
fund-raising, particularly posing
pictures with donors. He endures
latter, but looks forward to the
when the institute has enough

New force in vaccines

Powerful centrifuge developed at AEC center promises vaccines so pure that most side effects will be eliminated, allowing one-shot shields from many diseases

The sore arm that often follows a flu shot may soon become a thing of the past; what's more important, one injection may be able to protect humans from many viral diseases.

On Oct. 23, representatives of some 50 pharmaceutical companies and instrument makers will get their first look at a new device which promises to produce vaccines so pure that most side effects will be eliminated.

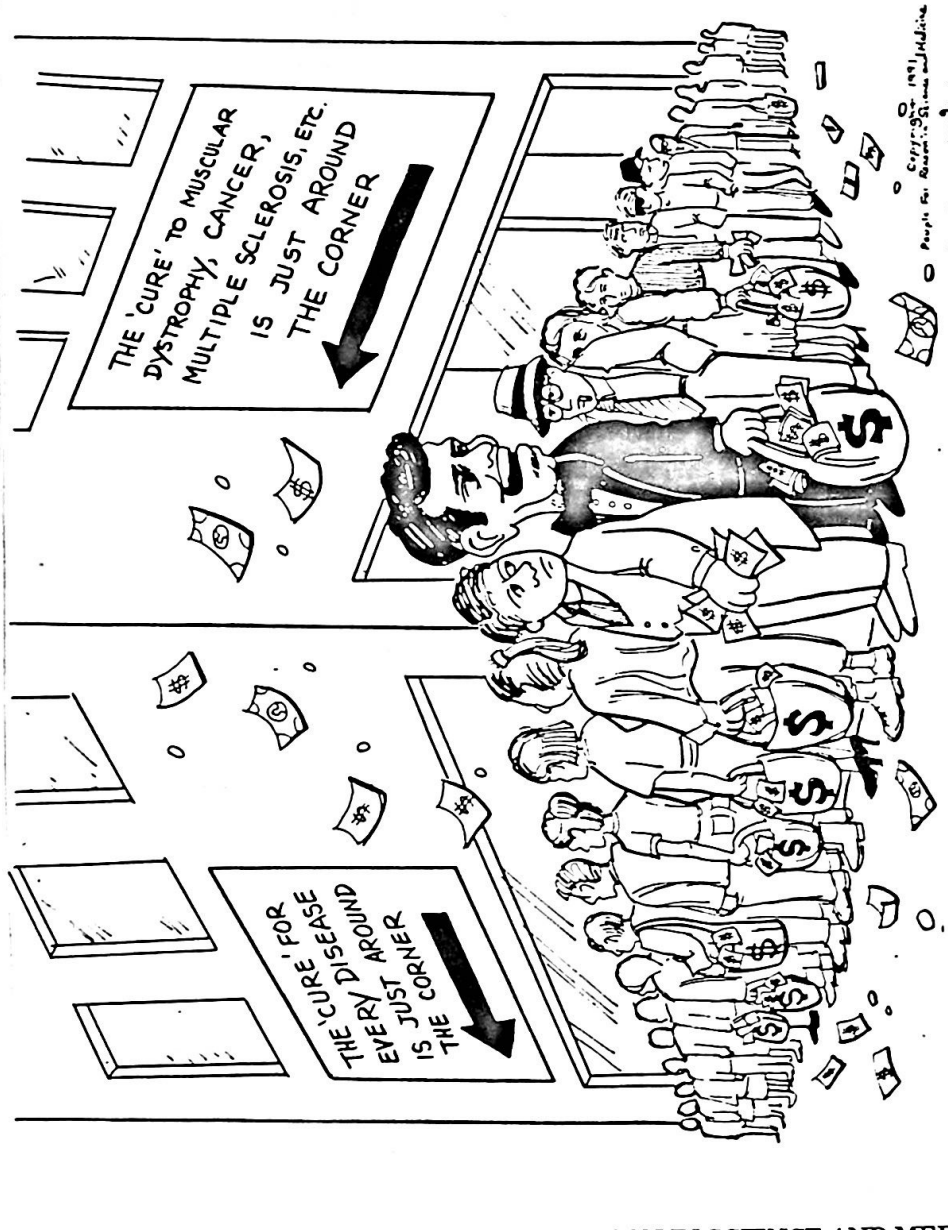
Limitations. The immediate hope is that the device—a K-II advanced zonal centrifuge—will lead to the multipurpose vaccines. Most side effects of inoculation come from the culture material in which viruses are grown, not from the immunizing agent; because of this factor and chine, but will grant royalty-free licenses to manufacturers.

Building models. Because of its immediate potential for vaccine preparation, NCI asked AEC to make about 18 demonstration models while the industry gears up for production. Work on these is currently under way at Oak Ridge's K-25 gaseous diffusion plant, operated for AEC by Union Carbide Corp.

AEC will sell the models at cost (expected to be about $40,000 each), and plans to have them available by the fall of 1968. NCI will decide which drug companies get the machines first.

Two prototype K-IIs already are being tested for production of in-

Some Call It "AIDS"...I Call It MURDER!


THE 'CURE' TO MUSCULAR DYSTROPHY, CANCER, MULTIPLE SCLEROSIS, ETC. IS JUST AROUND THE CORNER
THE 'CURE' FOR EVERY DISEASE IS JUST AROUND THE CORNER
"JUST 10 JILLION, QUAD-TRILLION, MILLION MORE DOLLARS AND WE'LL BE REALLY CLOSE TO FINDING A 'CURE'... TRUST ME"

BY COURTESY OF PRISM, PEOPLE FOR REASON IN SCIENCE AND MEDICINE,
POB 13105,
WOODLAND HILLS, CA. 91365,
FOR NATURAL THERAPIES AND ANTIVIVISECTION
818 345 9564 / 714 995 4889

CHAPTER XXIV

20 YEARS LATER...

SAME NONSENSE, ANOTHER DATE

Birds of one feather flock together... In 1967 everybody who was somebody in the vaccine industry attended and heard the presentations at the National Cancer Institute Seminar # 29. Many papers were presented before and after, but the meeting stands out as one where those in charge ***were*** presented with the crude facts and ***ought*** to have taken steps to correct and prevent what was going on.

20 years later, at the National Clarion Hotel in Arlington, a similar event took place...

AN UNLIKELY SETTING FOR CRIME AND LIES

In May 1988, a meeting that has impacted and will continue to impact heavily on the life of every man, woman and child of this

universe took place at the National Clarion Hotel in Arlington, Virginia, only a few miles from Washington D.C. Whereas a clarion usually evokes the ideas of news, truth and freedom, this meeting intended to be on the qt., not in the public's eye, and got only minimal coverage by the media.

The purpose of the May 26-May 28 meeting was to discuss and introduce the use of cell-lines into the vaccine industry. While the marketers of disinformation cautiously polish the rough spots in the specifications of a product, and work hard to turn unacceptable assays into artificially manicured endorsements, the guilty plan and plot how to enrich the filthy puddle in which they so much enjoy dirtying their hands as they fish out the rich harvest of illness and death.

WHAT ON EARTH IS A CELL LINE?

Dr. J. P. Dorpema of the National Control Laboratory, Bilthoven, The Netherlands, educated the public about this issue at the National Clarion Meeting. His presentation bears the ominous number 13! His introductory statement was that "Traditionally, drugs are divided into two classes: namely ***pharmaceuticals*** and ***biologicals.***"{R00010} (emphasis added) He added that ***those drugs derived from biotechnology*** [genetic engineering] seem to represent a third and intermediate class, [which he perceived as being more in line with biologicals than with drugs, and that they included] ***sera, vaccines and even blood derivatives.***"{R00010} (emphasis added).

Continuous cell lines (CCL) are slightly different "From a manufacturing point of view they are considered to be raw materials ....with very specific biological properties...[which]...serve as a substrate to produce biotech drugs."{R00010}

One may judge a product from different viewpoints. Greed causes researchers to identify *virtue* in a product or process, with expediency and convenience, not necessarily health and safety, for, in Dorpema's opinion, CCL's virtues are "infinite life span and high growth rate"{R00010}. He can't help but mention the risks he sees in them, such as "biochemical, biological and genetic variability ... in terms of the production of transforming proteins and potentially oncogenic DNA, contaminating viruses and tumorigenicity in animals." {R00010}

In plain English

THE CELLS USED TO MAKE VACCINES, BIOTECH PRODUCTS AND THE BLOOD PRODUCTS USED IN ANIMALS AND HUMANS ARE PROBABLY LOADED WITH CANCER PRODUCING SUBSTANCES AND VIRUSES WHICH THEN MAY CONTAMINATE THE PRODUCTS YOU USE.

Not only are the safety precautions recommended insufficient, when the various quirks of viral growth are analyzed, but the recommendations include the use of sterilization by *PEG* (*polyethylene glycol*). They do not consider that this substance has very specific effects on viruses, in which it can be used as a "sex" factor that permits viruses to recombine into more virulent species! Assuming that PEG inactivates even more than 99% of the microorganisms, what happens to those that remain active, and are now triggered into recombination by PEG, is hard to imagine, but certainly dangerous. So, when PEG treated cells are used to breed viruses, the final results of such practice becomes unpredictable. By reviewing the tone of the materials that were presented, the meeting was quite obviously called in order to launder information and

rubber-stamp the use of a cell-line that already was on the market and in practice: most of the presenters adopted a positive view of the safety of such usage. Under the title of "Cell Banking, Characterization and Gene Expression",...[J.B.Griffiths from the United Kingdom stated that it was]...now generally accepted that continuous cell lines are acceptable as substrates for the production of biologicals provided that the manufacturing process yields a product with no detectable risk attributable to the cell substrate (W.H.O.TECHNICAL REPORT Series 747)"[R00010]. Now, come again...?

They have to be...

- With no ***detectable*** risk... Is a non-detectable risk O.K., then?
- No *detectable* risk ***attributable*** to the cell substrate ...
  Another risk OK...?

BIOENGINEERED DEATH: THE RULES OF THE GAME

Dr. Griffiths, a biologist, introduced the whole section of the meeting that dealt with the regulations existent in the world of Biotech, a verbiage to protect the manufacturers, the distributors, but certainly not the users of bioengineered products.

An intensive analysis of the papers presented reveals aught but self serving statements glossing over repeated hints at danger in this undertaking. Each rule is a renewed assertion that Biotech should not be permitted under any circumstance.

Presentation 29 introduced by three French doctors deals with the new dimension in bioengineered danger that presents itself when "plasmids" are introduced into mammalian cells. As the reader may remember, plasmids are minuscule genetic "taxi-cabs" that ferry material into nuclei. According to the speakers, the potential perils are:

1.- Contamination of the final product by *vectorial DNA* (a *vector* being also a word for "genetic taxi-cabs". "Since part of the regulatory genetic elements used in the expression vectors is often virus derived, the presence of these DNA sequences in the final product represents a potential risk."
2.- The assimilation (integration) of these viral particles into the genome (genetic make-up) of the host may activate endogenous viruses.
3.- These same viral particles may cause activation of cellular genes normally not expressed. These proteins could contaminate the final product.
4.- The *expression vector* usually produces not only the desired protein, but others which might contaminate the final product.

Well, how safe do YOU feel about using products from the glamorized biotech industry?

If I may paraphrase "None dare call it treason"...

W.H.O. IS ENDORSING BIOTECH,
IT JUST MIGHT BE THEIR PRIDE
FOR, ONCE IT DOTH PROSPER,
NONE DARE CALL IT GENOCIDE!

A slogan may be interpreted many ways, especially by experts in legal thinking. The W.H.O. programme (sic) "Health for all by the year 2000" can be understood as a desirable goal for the population as is, or, for instance, survival of only those who are healthy. The representatives of this organization in Geneva, Switzerland, state that that goal "demands a significant increase in the production of viral vaccines and other biologically active substances without a reduction in quality or potency."{R00010} (paper 41)

This task was assigned to a **"Study Group on Biologicals"** nominated by the WHO, which met in November 1986. It had to decide two main issues:

1. Was it acceptable to develop biologicals in cell systems when those products were already available from an approved technology?

2. What was the degree of risk from contaminants of the product?

It is easy to be unconcerned about risk when fortunes beckon and "mutual admiration groups" reassure each other of the appropriateness of their actions. The WHO concludes that "The probability of risk associated with heterogeneous contaminating DNA in a product derived from a continuous cell line is negligible when the amount of such DNA is 100 *pg.*. [a *pg.* or pico-gram is a very tiny amount], or less in a single dose given parenterally." {R00010} How they arrived at such a mystifying conclusion, excepting by corporate mandate is unclear, but ***negligible*** certainly does not mean ***not present***!

The Study Group went further in their reassurances about products made for oral use, stating that "the risks from heterogeneous contaminating DNA were negligible for preparations given orally." {R00010}

In their aim to "move to a goal of improved vaccines...the Biologicals Unit of the WHO has, therefore, decided to develop WHO cell seed banks for BHK-21 and Vero cells."{R00010}

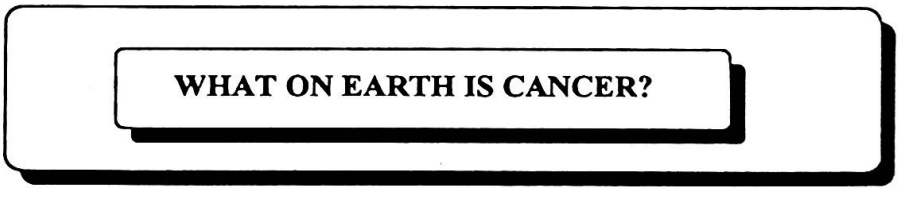
BHK = baby hamster kidney;
Vero = African green monkey kidney with SV-40).

CHAPTER XXV

CANCER, LEUKEMIA AND VIRUSES

WHAT IS CANCER AND WHEN IS A CELL MALIGNANT?

CANCER is talked about, feared, denied. Donations are made to fight cancer or do cancer research, but



We usually are pretty sure that a person suffers from cancer by certain symptoms or signs, but knowing whether a cell or cell culture is cancerous is quite another proposition.

Determining whether a cell culture to be used in the manufacturing of vaccines is malignant is very important as a safety consideration to the public, as an economic variable to the producer. Yet, in the words of Fr. George E. Foley, a presenter who spoke at the NCI Seminar,

"THERE ARE NO *IN VITRO CRITERIA* WHICH DEFINE TUMORIGENICITY [OF A CELL CULTURE]" {R00290/p.217}

There are some outstanding features which are "usual" characteristics of some, but not all [malignant] cell cultures." {R00290/p.218}

a.-Growth pattern: usually disorderly, random, arranged as "dense, highly compacted colonies" {R00290/p.218}

b.-Chromosome anomalies, which are not conclusive but suggestive, according to the researchers in this area (with alterations of the "nucleolar heterochromatin system."

So confusing can these variables be, that we are told that "there is no *reasonable* basis for equating the *diploid* state with normalcy, or the *heteroploid* with neoplasia. Cells that were initially "normal" and have been treated with viruses, exhibit malignant characteristics *before* their chromosomes show alterations. Yet, some cells with abnormal assemblages of chromosomes are unable to produce tumors in living organisms.

NUCLEAR IMPERFECTION AND IMMATURITY APPEAR TO INDUCE PHYSICAL IMMORTALITY TO CELL CULTURES

c.-The *looks* of the cells and cultures, their *morphology*, can be altered by variations in the nutritional supply to the culture. Cells derived from tumors and leukemias look like normal fibroblast in monolayer cultures

d.-The density of a culture is improved when cells are heteroploid, these also grow in what is known as suspension cultures, whereas diploid don't.

To illustrate that nothing is etched in stone when it comes to define neoplastic cells, I am quoting parts of one typically confusing statement: "the CCRF-CEM cells, isolated from a...pediatric patient with acute lymphoblastic leukemia...[had]...usual 'cultural character istics' ...[that would cause them to]...be classified as non-neoplastic, although they implant, invade, metastasize, and produce leukemia in newborn Syrian Hamsters. "{R00290/p.220}

e.-Membrane differences: normal cells stick together, neoplastic cells do not adhere well amongst each other. However, changes in adhesiveness changes can be effected and improved by adding calcium, magnesium and nucleoside phosphates to the medium in which the cells are growing. Actually "the lymphocytic cells from Burkitts tumor may exhibit apparently normal adhesiveness" if well nourished.{R00290/p.221} Cellular adherence and motility also appear to be interconnected.

NUTRITIONAL SUPPLEMENTS PRODUCE IMPROVEMENT IN CELLULAR ADHESIVENESS IN CULTURES, A STEP TOWARDS NORMALCY

Interestingly enough, the life-span of cells appears to depend on the arrangement of the chromosomes. Diploid or quasi diploid cells are

finite in their life-span, heteroploid, even if incapable of inducing malignancy, are immortal.

f.-Biochemical differences: "The biochemistry of cancer is a subject about which little is known and much has been written. As [of] yet, no biochemical marker or combination of biochemical markers is known which will distinguish between normal and neoplastic cells." {R00290/p.221} This, of course, did not keep them from manufacturing vaccines that year and all the subsequent ones.

One of the problems one finds is that antigens one may find in cells that have been experimentally contaminated with viruses, may not be the same one may find in spontaneous human cancers, and there is also no proof that the presence of such antigens and the development of malignancy are mandatorily interconnected. "Similar antigens have been reported to appear in non-involved tissues of tumor bearing hosts" {R00290/p.222}

g.-Transplantation performance: malignant cells are reputed to grow when transplanted, yet lack of growth has not been proof of normalcy or malignancy. This is compounded in the case of "human cell cultures [where] evaluation by such means is further complicated by the necessity of using xenogenic [foreign species] hosts." {R00290/p.222}

One animal that has been very useful because of its sensitivity to malignancy, is the hamster, who will reject normal, but not cancerous, human cells. In this animal, human non-cancerous cells generate a mild inflammatory response that heals without problem, but human cancerous cells, even human embryonic cells grow in their cheek-pouches, producing invasive and transplantable tumors.

The attendees were appraised of the fact that vaccines could not be made safe until they were "purified...freed of extraneous products deriving from the cell system in which they have been produced."

{R00290/p.224} They were also told something very strange by Dr. Clyde J. Dawe, from the laboratory of Pathology, NCI, Bethesda, Maryland. He said that [THEY HAD] "BEEN ADVISED THAT [THEY WOULD] BE ON MORE *ACCEPTABLE* GROUND IF [THEY SPOKE] OF *ONCOGENIC* CELLS AND *ONCOGENIC* CHARACTERISTICS, RATHER THAN OF NEOPLASTIC CELLS AND MALIGNANT CHARACTERISTICS. SO [HE WOULD] FOLLOW THE RECOMMENDATION." (ALL EMPHASIS ADDED)

It would have been interesting to know

a.-Who did the advising,

b.-Who would consider them more acceptable...

but he did not tell. However, he expressed that "Terminology aside [they could] not escape the point...that ***virulence or oncogenicity of animal cells...[had to] be expressed in relationship to certain characteristics"***{R00290/p.226} ***These included, but were not limited to: nutritional status, age, immunologic status, environmental variables, variables in type and dose of virus, mode and site of inoculation, etc. He explained that one had to always ask the question of under which conditions virulence and oncogenicity occurred.*** [emphasis added]

One variable was categorically stated during that meeting, a difference between the chromosomes of cancers and leukemias: cancers never showed normal kariotypes while 50% of leukemias did, an added danger, since malignant tissues could pass muster undetected.

CANCER IS A KILLER, RELIABLE AND PROLIFIC OUTNUMBERING ALL WARS PUT TOGETHER

CANCER AS A VIRAL DISEASE

> I like to divide cancers into two categories... cancers that God made and cancers that virologists make...[I separate them because] I am not at all sure that God does what virologists like to do.
>
> **Albert B. Sabin, 1965** {R00340/p.19}

the early 1900's Peyton Rous made his momentous discovery that certain filterable agents harbored by chicken were responsible for the causation of malignant disease. From that date on, controversy raged between the high priests of the Cancer Establishment disputing genetic mutation versus viral causation theories.

Although isolated glimpses into this field were occasionally offered to the public, the general jest of the Cancer Disinformation campaigns always was: the *aetiology* (cause) of this disease is unknown, and we need your dollar to fight this scourge. What the public did not know is that while their hard earned money was enriching the coffers of the illness tycoons, legitimate researchers who dared dispute the orthodoxy of the evil white brotherhood were ridiculed, and the countless dollars spent in the unholy war did not go to finding new cures or confirming the cancer causing capacity of certain well identified viruses, but went to the engineering and production of previously non-existent cancer viruses (J.A.M.A., Sept 23, 1961, p 26), or hybrid cells which combined the genes of animals and humans, or two different animals.

Some people knew this, more than thirty years ago. Some people, among them, Dr. Hilary Koprowski, who for many years has directed Wistar Laboratories, where cell cultures used in the manufacturing of vaccines are grown.

DR. HILARY KOPROWSKI'S VIEW ON CANCER AND VIRUSES

The public is being told that the Cancer-Mafia does not know how cancer originates In various chapters of this book, where we discuss viruses and vaccines, cancer and viruses we are presented already well documented connections between these issues

VIRUSES injected via VACCINES promote CANCER

When an occasional maverick, such as myself, brings out unusual and sensitive information, the establishment, which can not refute the facts, will attempt to defend its untenable position by character and reputation assassination. They would state that the informant is not an "expert", by their standards, and doesn't know what he or she was talking about. However, let us see what one of the "insiders" had to say abut the cancer-virus connection, not after the facts, but already as early as 1961.

Dr. Hilary Koprowski was, in 1961, the Director of the Institute of Anatomy and Biology, Wistar, Philadelphia. This institute grows cell cultures as used for vaccines and other laboratory uses. Information about this Institutes has been difficult for me to come by, especially because of the very unusual circumstance that it is not a corporation, and not publicly held. He wrote a review on "The Virus Concept of the Aetiology of Cancer" for the Russian Journal VOPROSI VIRUSOLOGII # 3, 259-267, 1961.

Making allowance for changing concepts in the idea of viruses and cancer, he sustains that "the virus will be considered [by them] as a nucleoprotein, easily detected in the electron microscope and having a definite characteristic molecular structure-a central mass of nucleic

acid reliably protected from the environment by a protein envelope."{R01700} The cell it parasitizes will be robbed of its materials; if these are essential materials the cell will eventually be destroyed by the virus, but may continue its development if the materials consumed are non-essential. Since the cell may appear morphologically normal, even if infected, it creates a difficult classification problem. This is complicated by the fact that the infected cell often lives longer and reproduces indefinitely, physical immortality being achieved at the price of becoming unable to mature.

IS PHYSICAL IMMORTALITY ACHIEVED AT THE PRICE OF INABILITY TO MATURE?

Was this knowledge new or surprising? To our great surprise, this knowledge that a virus can be the inducer of neoplasia was first introduced by Borrel in 1903. This make is plain that "official" research (as far as it was made public) into the world of tumor-producing viruses has been in existence almost 90 years.

HOW AWARE WERE THE LORDS OF THE VACCINE INDUSTRY OF THE CONNECTION BETWEEN VIRUSES AND MALIGNANCIES?

The participants of the NCI Seminar # 29, who exchanged information and set policies in 1967, were well aware that they were now in the 15th year of the polio vaccines. However, despite the well known risks, vaccine production and administration was not halted. Since we are now almost 25 years post-seminar # 29, we are looking at almost 40 years of negligence, criminal disregard for human safety and deliberate or accidental genocide. The participants rendered lip-service to many issues, but policies never were changed.

Dr. Friedrich Deinhardt, of the Department of Microbiology of the Presbiterian-St. Luke's Hospital and Medical and Graduate Schools of the University of Illinois, Chicago, Illinois, espoused this position by stating that "One problem central to the subject of [that] working conference [was] that of choosing the most suitable cell cultures for the production of live virus vaccines." {R00290/p.327}

He expressed the concerns of the day, concerns that were clear to scientists, policy-makers, researchers and manufacturers alike, asking some very poignant questions.

a.-If man was immunized with vaccines which contained tumor producing viruses, was he at risk for the development of malignancy?

b.-What was the potential for altered and unaltered cells grown in cultures to cause tumors in living creatures?

I believe that any reasonable person would have abstained from expending vaccine to other humans until those questions were satisfactorily answered, but this is not what vaccinists do. Billions had been given before, billions would be given afterwards, with such an important series of questions remaining unanswered. Not that they were not aware that yesterday's truisms were false to-day, as "contrary to original belief, it [was then] well established that a virus [might] cause cell changes in some species and alterations or malignancy in others, [and] latent viruses carried *in vivo*, when inoculated into individuals of another species, [might] produce true neoplasms."{R00290/p.328}

One virus which gave them great concern was the Rous Sarcoma Virus (RSV), "which [would] induce tumors not only in the original avian hosts but also in species as far removed as reptiles and mammals, including the primates."{R00290/p.328}

Dr. Deinhardt himself had caused sarcomas to grow in marmosets (small South-American, non-human primates), by inoculation with the "Schmidt-Ruppin Strain of the Rous Sarcoma Virus". The malignancies did not develop right away, but after several weeks or months of latency. Other strains took up to 12 months to cause malignancy.

While vaccines were being manufactured and administered by the millions, in 1967, the researchers were still admitting that cancer causing viruses could not be properly ruled out, because available tests were not capable, to detect Marek's disease virus or "any other ***as yet unknown*** [emphasis added] members of this group of viruses."{R0290/p. 328}

While public relations wizards were selling sick vaccines for healthy profits the ones "in the know" were reiterating "the real danger ... [posed to man by]..."at least one animal tumor virus. Yes, there is sufficient substantiated evidence for scientists "to believe that [they] must consider all viruses known to cause neoplasia in any species as real potential hazards for man and any marker of abnormalities in cultured cells as a possible indicator of *in vivo* tumorigenicity". {R00290/p.331-332}

But scientists that are invited to the inner sanctum of vaccine inferno, have been well trained in balancing scientific accuracy and corporate necessities. They believe in a time to be factual and a time to engage in assuaging P.R., so they must follow disquieting news with a "one upman" corollary: "the weight to be given to either of these beliefs, particularly to the latter, must obviously be balanced against the value of the vaccine." This reminds me again of the sentiment in the repeated story of a corporation that advertised for a new accountant.

Many responded, and they were asked only one question upon applying:

--"How much is two plus two?"--

Puzzled, at what appeared to be such a simple question, they would rapidly volunteer

--"Four"--,
after which they would be dismissed with the habitual:

--"Don't call us, we'll call you."--

One little, unassuming guy with a sly look on his face came in and was presented with the same question. He remained silent, a preoccupied look crept into his expression, he ran to the windows and checked around them, repeated the operation on doors and furniture, got real close to the examiner and asked, barely audible:

--"How much do YOU want it to be?"--

Needless to say so, he got the job.

TRUTH HAS A MOMENTUM OF ITS OWN

The scientists at the NCI meeting still had to tell their truthful concerns at times: "Whatever primary cells are used to prepare a live virus vaccine, we use cells from a number of animals. With each cell batch we encounter the chance of contamination with latent, potentially oncogenic agents."{R00290/p.332} Yes, they state that "even if we had...tests available now, the specter of your ***undiscovered tumor viruses*** [emphasis added] will always hang over the development of

vaccines..Any animal studied has at least one oncogenic adenovirus, and one also gets the impression that further study will demonstrate a variety of sarcoma-leukemia complexes in a number of species." {R00290/p.33}

But no one is willing to stop the profitable business of making and giving vaccines: "it is ***inconceivable*** [emphasis added] that a system will be found which is completely free of potential risk; so the real problem is one of minimizing the risk by applying all of the monitoring and assay techniques which we now have or may develop in the future."{R00290/p33}

Where were you, ***regulating authorities***? How well does a world function ruled by laws, even constitutions, if it is humans like the above, who enforce these?

ARE THERE ANY ONCOGENES PAR EXCELLANCE?

He remarks that "the most interesting aspect of the classification of tumour [sic] viruses, is based" on whether the virus can cause the formation of a tumor by itself, or whether it requires a cofactor. {R01700/p.279} He considers that that the classification should be:

***complete** oncogenes:* avian tumours and polyoma (of which SV-40 is a prime example)
***incomplete** oncogenes:* they comprise the virus and the conjoint factor:

VIRUS	CONJOINT FACTOR
Milk factor	Hormone, contact relations
Mouse Lymphatic Leukemia	Presence of thymus LSF
Shope fibroma	External use of carcinogens

COMPLETE ONCOGENES

Tumor production by complete oncogenes is easily attainable. Complete oncogenes are highly transmissible, and very few particles are required to cause harm, only 10 or 20, which is a negligible amount.

> ***COMPLETE*** **ONCOGENES CAUSE TUMORS WITH GREAT EASE.** ***SV-40 IS*** **A** ***COMPLETE*** **ONCOGENE**

He makes an exhaustive analysis of the contemporary knowledge about how these viruses cause tumors and infections and concludes that "the words of Pascal must be remembered, 'Nature has created all her truths independent of each other'".[R01700]

He expresses that there are difficulties in finding the viruses of human tumors because actively tumorigenic tissues often can not yield tumorigenic viruses, and that the scientific world has adopted a "sceptical" [sic] attitude in the search for human cancer viruses. He summarized his personal view by making a vow to continue seeking for success in the field.

In essence, Dr. Koprowski is convinced of the existence of an etiologic connection between viruses (such as can be found in vac cines) as causative agents, and cancer, as a pathologic consequence, and that the main reason that human cancer viruses had not been definitively detected in 1961, was because of the nature of their reproductive patterns. Yet, billions have flowed into the Cancer- Ma fia's greedy hands, and the public is the loser.

CANCER AND IMMUNOSUPPRESSION

DOES THE INJECTION OF CELLS OF A DIFFERENT ORGANISM (XENOGRAFT) CONTRIBUTE TO CANCER VIRUS GROWTH?

Words have a magic power to confuse most people. Yet, a rose by any other name, is still a rose. An average person will think of a transplant as the introduction of a whole organ (kidney or liver) between individuals, but any small amount of cells can actually become a tissue transplant. Not all transplants are performed in gleaming surgical suites, but occur quite fortuitously when cells present in biologicals (vaccines or a piece of catgut suture actually made from sheep gut, even food cells forcibly brushed under bleeding gums, blood transfusions and other procedures are also transplants.

Even sperm cells and blood cells contained in sperm can be "trans planted" into lesions in a vagina, cervix, uterus or anus and rectum.

When human tumors are injected into animals, their cells often release viral particles.

WHEN HUMAN TUMORS ARE INJECTED INTO ANIMALS FOR RESEARCH PURPOSES, THE SCIENTISTS FREQUENTLY FIND THAT THE TUMORS RELEASE VIRAL PARTICLES

Scientists have taken different approaches to explain this phenomenon. To illustrate this point we can describe, for example, what has been named the RD114 virus, which was discovered when a human tumor was injected into the brain of a fetal kitten. A certain type of viral particle (C-type), developed, first believed to be human tumor viruses then suspected of being a cat virus different from Feline Leukemia Virus (FeLV). Theories come and go with the flux of thought and the availability of research green. No matter which virus it eventually may prove to be, this is simply one example confirming the unpleasant fact that cancer, most likely is a viral condition.

One important feature of the above subject matter discussed in RNA TUMOR VIRUSES, edited by Weiss, Teich, Varmus and Coffin, was that it and other such projects reinforced the conclusion that certain viruses grow better in a foreign host than in the original species (xenotropism). This applied especially to certain endogenous (internally developed) viruses of birds and mice. A further step in this research was the awareness that "One might also expect xenograph procedures [injection of foreign tissue] to promote the rescue of latent or defective human retroviruses".{R00501} What they are actually saying is that ***injecting foreign tissues may reactivate weakened or hidden viruses that were already in the organism, but suppressed by the body's own defence mechanisms.***

Talking about the capacity of foreign antigens to create immune havoc, in particular when dealing with ATLV, from the HIV family, Dr. Miyoshi et al. said that ATLV had "the capacity of transforming T-cells *in vitro* apparently by cell to cell infection...It was reasoned that ATLV which might be similarly induced by allo-antigenic [foreign antigen] stimulation during mixed lymphocyte culture between anti ATLA positive and negative donors would transform autologous or allogenic T-cells or both". [00330/p.244] Before the word AIDS ever hit the newspapers and magazines, the world of science knew more about the ATLV viruses, so similar to HTLV and HIV, than they

will admit to knowing to-day. Isn't there anybody out there who is an aspiring Sherlock Holmes or Colombo, no everyday Inspector Gadget?

BEFORE THE WORD "AIDS" WAS MADE UP, THE WIZARDS OF SCIENCE KNEW MANY OF THE CHARACTERISTICS OF THE HTLV VIRUSES, WHICH THEY WOULD "CONVENIENTLY" NOT DISCOVER UNTIL LATER...

Hence, when a vaccine grown on animal tissue is given, preexistent but incomplete or slumbering viruses will be infused with the power to maim or kill.

WHERE DID ALL THE ANIMAL VIRUSES GO?

In their book on RNA Tumor Viruses Weiss et al., tell us some "cautionary tales of not-so human viruses". From the early nineteen hundreds, humans have been bombarded with injections of animal tissue and body fluids, as well as the body fluids and cells of other humans. We call this barbarous custom vaccination and sell it to the hapless public under the guise of "being for their own health and good".

The tissues predominantly used to make cell cultures on which viruses are grown are derived from cows, sheep, rats and mice, pigs, monkeys and other non-human primates, even human cancer cells from a black patient with a genetic defect (G6PD), human embryo cells, etc.

When cancers are studied, animal or human, cancer viruses are almost always found in them. Human cancers have been shown for a

long time already to yield some typical cancer viruses. These are varied, usually from animals source. A review of the literature will show that their origins are precisely those animals and cell lines from which vaccines were made:

ESP-1 VIRUS

ESP usually stands for the ability to foretell future events. Interestingly, this report links the future and the past in peculiar manner. In a listing of cancer viruses Priori et al. described the "ESP-1" virus in 1971. It was detected in the tissues of a child who had died from an ***American Burkitt's lymphoma***. Now, how had Burkitt's lymphoma, an African leukemia type illness arrived in the good old U.S.A.? Why did it not make headlines, as another viral illness, "AIDS", would do ten years later?

**A CASE HISTORY THAT WOULD POSE AS "AIDS" IN 1990,
WITH OPPORTUNISTIC INFECTIONS,
WHY DID IT NOT GET WORLDWIDE COVERAGE IN 1971?**

The child's problem later "complicated" with herpes and chickenpox. Why did these opportunistic infections, coupled to a leukemia type illness similar to AIDS not make headlines either? Could it be that the funds were not yet available to *find* what the researchers well knew they would, and where?

Although the report states that the child had "American Burkitt's lymphoma" (a disease caused by Epstein Barr viruses or Burkitt lymphoma viruses) the article tells us that the virus was found to be a MLV (Murine Leukemia Virus or rat virus), also related to HeLa cells. When a bank robber is asked why he robs banks, he answers:

"Because that is where the money is"-. Similar logic can be applied to determine the origin of these viruses. How can a human get rat and cat viruses into his system? By some mechanism that introduce rat and cat tissues and fluids. Fleas may take care of this, bites and scratches. Oh, and the *man-made* stinging, blood sucking insects: ***syringes and needles.***

SYRINGES AND NEEDLES = MANMADE BLOOD-SUCKING, STINGING INSECTS

As the reader may remember rat brains were used to make yellow fever vaccine in the forties, and *HeLa* Cells are the cells of the black cancer patient who became the source for cell cultures used in the early polio vaccine manufacture and which now contaminate every cell culture in the country. In their book about RNA Tumor Viruses, Weiss et al. conclude {R00501/p.1222} that "with hindsight, ESP-1virus would appear to be a xenotropic (having affinity for foreign tissues) "variant ***selected*** for growth in the human cells they contaminated" (emphasis added).

HeLa VIRUS

HeLa has become a household word due to episodes discussed later in this book. Although HeLa cancer cells were in use by research and pharmaceutical labs since the early 50s, a specific description of viruses found in them, was not made public till they were, reportedly discovered in Moscow by Zhdanow et al., and in U.S.A. by Todaro et al. in 1972. A human *amniotic* (this is fetal membrane) cell line also released *HeLa* type viruses. The latter were very similar to the MPMV(*Mason Pfizer Monkey Virus*, a virus frequently found in leukemic cats and human breast tumors. The MPMV is "commonly expressed in cells derived from apparently healthy rhe-

sus monkeys...that have been much used for vaccine production of poliovirus and other agents. Two lessons can be learned from the HeLa virus story. First, non-lytic, persistent infections such as those caused by viruses can spread from one cell type to another in laboratories *without* being readily detected. Second, many human cell lines ... derived from particular tumors established in cultures in fact represent contamination by HeLa cells that outgrow established cell cultures, appearing as emerging clones of...cells."{R00501}

"RETROVIRUSES DETECTED IN HUMAN TISSUES"

Although releases about human potential cancer viruses are usually attempting to disinform the public by statements like "a human virus has not been found" (usually totally accurate because it usually has not even been searched for and because cancer viruses are of animal origin, for the most part, the establishment's information on the viral causation of cancer is usually much more extensive than they let on.

Many efforts to find a human retrovirus responsible for human breast cancer were mostly frustrating, but two animal viruses are likely candidates of rare human cancers: MPMV and MMTV.

More frequent types of human tumors appear in association with a type B virus which can also be found in human breast milk. Breast-feeding does not, however, suggest a statistical association between milk-borne viruses and human cancer. In fact, countries whose mothers breast feed their babies have lower incidences in breast cancer.

THE MOST TRAGIC FORMS OF CANCER: CHILDREN'S

Illness and death are always perceived as negative, painful and undesirable. Still sad, yet accepted if it occurs in the aged, they

become pathetic in children. Cancer is one of the most dreaded forms of illness, and a large killer and maimer of young people, being the second largest cause of death in children younger than 15, only topped by the prevalence of accidents.

CANCER IS, NUMERICALLY, ONE OF THE LARGEST KILLER OF CHILDREN

Cancer patterns in children changed remarkably in the first twenty-five years post polio vaccine, even when death patterns were manipulated, as the data in the years from 1960 to 1980. Whereas the childhood deaths by cancer are reported to be 29457 in the years 1960 to 1969, the data for 1978 indicate only 2550 deaths. This figure is deceptive as to the total *incidence* of cancer, which had been increasing, and was distorted due to longer survival rates of the victims. The incidence for 1978 was estimated at 6100 children.

The incidence of leukemias was particularly interesting in relationship to their statistical association with the viral vaccine programs. These programs were very actively carried out until the late sixties. Also, total numbers of diseased and deceased fail to show the picture because of the decreased number of total live births. Statistics were kept in a rather confusing and haphazard manner, and it would appear to someone even less suspicious than myself that the intentions were to be as vague as possible to avoid showing the tragic numerical realities.

Data appeared to indicate an increase of lymphomas vs. leukemias in whites, and a decrease of these as well as tumors of the kidney and central nervous system in blacks.

In all cases, males were affected in a higher percentage than females, especially by the occurrence of lymphomas, leukemias and neuroblastomas. All of these are, peculiarly enough, tumors linked with the SV-40 virus that was to be found in the polio vaccine. Poliomyelitis itself showed the same affinity for males.

To-day, the same peculiar preference for the young male is exhibited by "AIDS", our primadonna in the death and disease marketing program of the white collar underworld.

Geographically, the lowest incidence in cancer was to be found in India and in the Miyagi prefecture in Japan, with almost three and a half times that incidence in Israel and Nigeria. Nigeria was one of the first countries to be subjected to experimentation in human infants with the polio vaccine, and Israel the first country to receive the "gift" of the polio vaccine. I never cease to be interested in the semantic peculiarity that *Gift is* the German word for *poison*! Whereas some tumors such as Wilms tumor occurs evenly throughout the world, leukemias follow a haphazard pattern, and with them, liver cancer, neuroblastoma and pineal tumors.

LEUKEMIA

This type of cancer is of great interest to those who, like myself, are researching the IMMUNIZATION RELATED SYNDROME. Leukemias are the prevalent cancers associated with SV-40, with RNA or retroviruses, with "AIDS", and with other immunization related disasters.

"AIDS" AND VACCINE-RELATED PROBLEMS:
NONE DARE CALL THEM LEUKEMIAS...

Leukemias have been studied for many years already, among them, childhood leukemias, which were a rarity until the 1950s. Before 1920, no specific age related peaks were found in childhood leukemias, but in the 1920's a peak between ages 2-4 was first found in England and Wales, later occurring in the U.S.A. since 1940.

Leukemias have been publicly linked to various events. Blaming radiation for the causation of leukemias became one of the widest accepted truisms, particularly since Hiroshima. It is believed that the atomic bomb was responsible for innumerable cases of leukemia in Japan. But an analysis of the data and the time of occurrence of these problems do not support this concept in full. Japan's leukemia cases peaked in 1957, with twelve years time-lag and a geographic distribution that could not be related cohesively to the explosions.

DID THE ATOMIC EXPLOSIONS OF NAGASAKI AND HIROSHIMA INDUCE LEUKEMIA? THE EVIDENCE DISPUTES THAT CONVENTIONAL WISDOM

Suddenly, abrupt changes in the ages of leukemia-caused deaths became apparent. Whereas until 1954 they were unknown in children below the age of 2, they started afflicting babies since then. Although other variables may be considered, it is quite obvious that there is an overt time-coincidence with the initiation of the administration of the polio vaccine. By the 1960s there was a slight decline, which did not last. Incidentally, leukemias in Japan are of a different type (myelocytic as compared to lymphocytic). Acute lymphocytic leukemia is prevalent in whites, but not in nonwhites. As to other geographic sites and their particular statistics for leukemia, it is interesting to remark that Dr. Gallo himself had done some observations about the regional distribution of certain leukemias. Dr. Gallo had, at other times, denied the cluster patterning of

leukemias. The ones he described were unusual forms that manifested clinically by being accompanied by dark discolored tumors of the orbit. This does not only bear resemblance to Kaposi's but one of the areas of the planet where they occurred, was Uganda.

Clusters of leukemias, starting shortly after the polio vaccine programs began, got sudden attention. One of these, which got more publicity than the other more carefully disinformed events, was centered around *Niles*, Illinois. Similar aggregations for Hodgkin's lymphoma have been reported in other locations.

Burkitt's lymphoma, the first human cancer definitely associated to a human type virus, occurs in Nigeria to a very high percentage (87% of solid tumors). This appears to have a geographic pattern, being prevalent in low humid areas, identified as the malaria belt. When Americans suffer from Burkitt's lymphoma it happens at an earlier age, but cases happen in clusters in Africa, as they do here.

UMOJA RESEARCH

INCREASE IN LEUKEMIA MORTALITY IN THE FIRST THREE YEARS OF THE 1950s —>

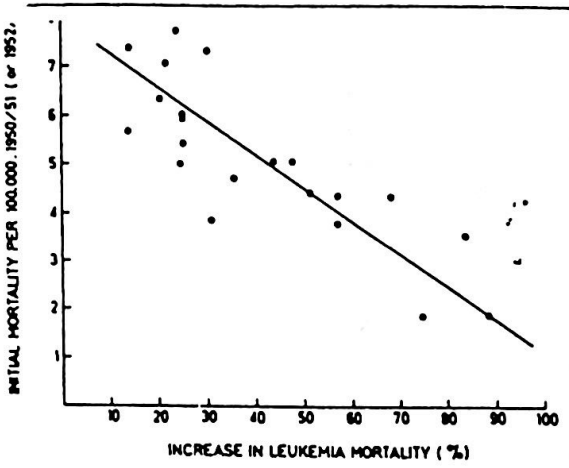


Figure 3-15. Relationship between *increase in leukemia mortality* between 1950–1951 (or 1952–1953) and 1962–1963, and *initial leukemia mortality*/100,000 in 1950–1951 (or 1952–1953); age-adjusted rate for 21 countries. (See text for detailed explanation.) [Data from Segi M, Kurihara M: Cancer mortality for selected sites in 24 countries, no. 4 (1962–1963). Sendai, Department of Public Health, Tohoku University School of Medicine, 1966.

CLUSTERING OF LEUKEMIA IN OAK PARK, ILLINOIS

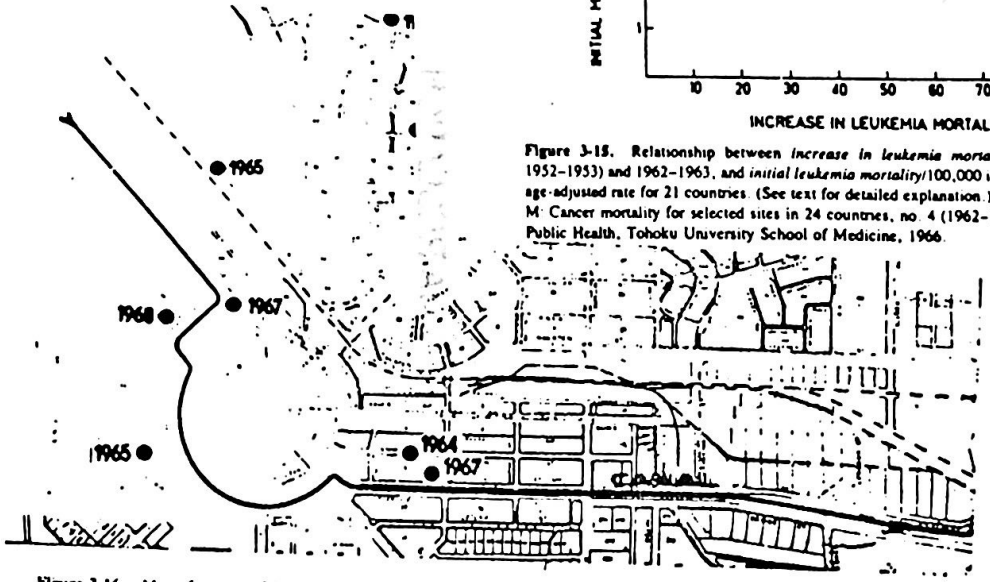


Figure 3-16. Map of a town of 9500 inhabitants, the seat of a cluster of childhood leukemia and lymphoma cases that occurred between 1964 and 1968. The date and location of each case are marked on the map. There were 8 observed cases; total expected was 1.1 ($p < 0.0001$). There were no contacts among any of the affected children.

R. C. GALLO, EXPERT ON "AIDS" AND OTHER LEUKEMIAS

The SAN ANTONIO EXPRESS newspaper has referred to Dr. R.C. Gallo as "The Man Who Gave Us AIDS". The public had never heard of this virologist, who had spent most of his professional life pursuing the intricacies of leukemia viruses.

Considering that "AIDS" has been closely linked with being *gay*, it is certainly ironic that his name, which in Spanish means "cock", is pronounced "gaio" or "gayo". He has been described as a man of great political and corporate power by publications such as the NEW YORK NATIVE.

Dr. Gallo's words need to be watched carefully, if we are to know what this man is up to. He seems to be a master at the art of "new-speak", disinformation, deception.

As author of chapter 16 of the book LEUKEMIA{R00161}, published in 1983, he affirms that "epidemiologic studies on human leukemia have not proved that leukemias are *commonly* {italics his] caused by radiation, environmental chemical carcinogens, or inherited abnormalities...they tend to emphasize the rather diffuse ***geographic distribution*** [emphasis mine] of the various leukemias, their general failure to show cluster patterns and a lack of clear genetic susceptibility...[and]...clearly show that the human leukemias directly??? from patients...and...do not in any convincing manner rule out a transmissible agent in the cause of the disease transmitted directly." {R00161/p.329} This is the quote. Honest. I did not make up this dribble!

After stating all these negatives of dubious points--not certainly the content of real good quality scientific work--, and holding true conflicting concepts without seeming to feel embarrassed about it, he engages in further CYA (cover your a...) statements. He emphasizes

that the epidemiologic pattern may be obscured by special circumstances (wonderful cop-out for what was said before).

a.-Infection of the embryo, ovum or sperm *vertically* (direct contagion) from the parents;

b.-long *latent periods* (slow onset, long after initial contagion), particularly if "factors other than the transmissible agent are required,e.g. virus plus host genetic factors or virus plus another environmental event".{R00161/p.329} The man stating this (Gallo), is curiously enough the same that has been described as screaming, at the top of his voice that HIV *alone* caused AIDS (which is another leukemia), that no cofactors were necessary...

.-"True endogenous viruses...can be transmitted in the DNA of the erm line [meaning the chromosomes], from generation to generation without visible evidence of virus (provirus form) in a manner identical to cellular genes."{R00161/p.329}

He, who denies these features to happen in "AIDS", adds that all these characteristics apply to *leukemias* and *lymphomas* caused by ***RNA tumor viruses***. He even states that the period between the introduction of the virus into the patient or host, and the manifestation of the illness, is variable and depends on the virus and the host (the victim).

His English does not seem to be any clearer or precise than his scientific conclusions. Maybe this is accidental, or maybe it is a welcome skill to obscure facts. "Like most carcinogens, however, latency is usually relatively long."{R00161/p.329} An example cited by him is the very long period that a gibbon leukemia virus takes to cause gibbon leukemia.

Ah, yes, Dr. Gallo, you should remember to make your words sweet in case you ever have to eat them, and gentle, should they come back to haunt you!

> **"CLEARLY, THERE MUST BE REQUIREMENTS OTHER THAN VIRUS FOR DISEASE INDUCTION IN MANY INSTANCES OF ANIMAL LEUKEMIA"** {R00161/p.329}

Yes, there are those who would say, it's "AIDS", and it's a disease of humans... but "AIDS" is just another leukemia, and have we not always said that humans belong to the animal kingdom? Maybe our categories are not right, maybe we need to teach Aristotelian logic to those who desire to be heard and make decisions.

What, in Dr. R.C.Gallo's opinion, are important co-factors in the causation of leukemia?

a.-Age. The young are more susceptible;
b.-Animals. May be carriers of virus without overt illness;
c.-"Host chromosome changes"
d.-"Congenital syndromes like Fanconi's anemia (FA) and Down's syndrome";

Dr. Gallo also states that "Whether genetic factors cause an increased risk at leukemia...in humans is unknown"{R00161/p.329} However he, the man who speaks for American Medicrats tells us that where you can really observe this environmental and viral factors at play is in the involvement of Epstein-Barr virus (EBV) in Burkitt's Lymphoma, where various viral strains are recognized, where geographic limits suggest environmental factors, and "genetic susceptibility is suggested by the high prevalence of specific chromosomal transformations that may be required for final stages of cell transformation." {R00161/329}

YOU CAN REALLY OBSERVE MULTIPLE FACTORS AT PLAY IN EPSTEIN-BARR INFECTIONS AND BURKITT'S LYMPHOMA

Dr. Gallo had some specific objectives in mind when he produced that chapter:

1.-"summarize some of the evidence that specific kinds of viruses are involved in the cause of naturally occurring animal leukemias";
-to discuss "some of the essential basic features of these viruses and what is known about their role (mechanistically) in leukemogenesis";
.-"consider the ***evidence*** [emphasis mine] that such viruses are also present in humans, what data can be considered etiologically relevant, and whether markers for virus may be clinically useful."

His statements were delicate material, reminiscent of Hilleman's findings of SV-40 in vaccines and, lo and behold, he, like Hilleman made a meteoric career and rose to the pinnacle of scientific power, at the same time as their emphasis on uncomfortable data decreased, and their harping on media-disinformation increased. For instance, when Gallo selects the viruses to be studied, he *deliberately* seems to avoid or lessen the importance of SV-40 and adenoviruses, supplied abundantly in vaccination programs.

"Although it has been suggested that infection of mothers by some common transforming viruses is associated with an increased risk of childhood leukemia, only classes of viruses that are known to be true tumor viruses...will be considered." And, what, if we may ask, are Dr. Gallo's requirements for a virus to be a ***true tumor virus***?

One, for which

a.-"There is evidence of...in vitro cell transformation";
b.-"In vivo experimental tumor production"
c.-"Naturally occurring animal models."(R00161/p.330)

He selectively excludes "the most prominent and readily detectable [sic] human tumor virus...the EBV, only those viruses known to be commonly associated with animal leukemias and certain lymphomas, e.g. the RNA tumor viruses (oncornaviruses or retroviruses) will be considered."

This fastidious scientist is the same that promotes the idea that HIV *causes* "AIDS", without any proper proof, without any evidence. Was it his free decision, to take such an irresponsible stance, or was he encouraged to do so? Was he, maybe somehow forced?

Something seems to be rotten in *DNAmark*, in *RNAmark* too!

IS LEUKEMIA A GENETIC DISEASE?

Genetic, in its broadest sense, means that something is related or connected with the genes. We usually give this word the connotation of "inherited or familiar" assuming that whatever is genetic, must have been transmitted for many generations. Yet, a recent mutation may cause acquired genetic changes which later may be transmitted to generations to come. After all, those who transmitted their hereditary disorders to us, whether they be hemophilia or diabetes, had to mutate to an abnormal metabolism at some time or another, in the immediate past or hundreds of generations ago.

GENETIC PROBLEMS MAY BE HEREDITARY OR ACQUIRED. A CASE OF LEUKEMIA MAY PORTRAY A GENETIC CHANGE DEVELOPED RECENTLY, MAYBE THROUGH A VACCINE

Leukemias, which already existed, but were not too widespread a problem, became a much more frequent occurrence, and a hot topic, after the initiation of the polio vaccine program. Changes in the genetic information were postulated as a possible cause for such a health problem more than 30 years ago, but not widely publicized. This line of thinking can be summarized in J. Schultz's statement that was "a truism [by then--1958--that] the change from the normal to e neoplastic cell must involve a change in cellular heredity". Malignancy and the Genetics of the Somatic Cell", ANNALS OF THE NEW YORK ACADEMY OF SCIENCES 71:994, 1958.)

This was corroborated by other scientists later on. The subject of leukemias in mice were thoroughly studied by F. Lilly, who quite candidly expressed that only in the twenty years or so preceding his research on the multiple gene origin of leukemias, JOURNAL OF THE NATIONAL CANCER INSTITUTE, 49:927,1972), had scientists made strides in the understanding of leukemias in that animal, and that the level of knowledge about the human illness by 1972 was no further advanced than theirs of mice, a human generation before.

DOES LEUKEMIA OCCUR IN GEOGRAPHIC CLUSTERS? IT IS THE RULE, RATHER THAN THE EXCEPTION!

Those who have a vested interest in keeping the public in the dark about the bleak realities relating to malignancy and certain government policies, usually prefer not to see the very revealing patterns in the distribution of certain illnesses. In Niles, Illinois, (a suburb of

Chicago), where one of the first clusterings of leukemias became apparent, Dr. Herbert Rattner, at that time the Public Health Officer in Oak Park, Ill., close to Niles, Ill., clearly discerned the geographic distribution of the problem and published an article about this in JAMA; establishment medicine later on vehemently disclaimed, but never refuted this information.{R02200}

But guess who disagrees with the observation that leukemias occur in clusters? No other but R.C.Gallo, the very man who has worked with leukemia viruses. He stated this position in a 1983 publication. (LEUKEMIA, by Gunz)

The public is usually unaware of this patterns, since publications usually concord with the commonly held opinion that malignancies occur on an individual basis. Although they are usually spurred on by toxic or ionizing factors in the environment, coupled with bad habits such as smoking, eating high fat, low fiber diets, etc. all of these factors being essential determinants of the development of a malignancy, if we would draw a parallel between the growth of a tumor and the growth of a plant, irrespective of soil and fertilizer, growth requires one underlying element: *the seed or genetic hologram.*

Truisms in medicine are difficult to dispel, even in the face of incredibly voluminous evidence to the contrary. Countless articles offer a fascinating account of families plagued by leukemia in proportions that defy any statistical explanation. Even Dr. F.J. Fraumeni Jr. who did the first studies on oncogenicity (capacity of inducing cancer) of SV-40, published numerous articles in the so coveted "refereed" journals, on the subject.{R01420} He also, in cooperation with others, noticed the familiar distribution of antibodies to the Epstein-Barr virus, the agent blamed in the 1980s, as cause of what is called the *yuppie syndrome*, a germ which is actually a human cancer virus.

LEUKEMIAS OCCUR WITH UNUSUAL FREQUENCY IN TWINS AND INDIVIDUALS WITH BIRTH DEFECTS

Familiar distribution is very noticeable among twins and individuals with birth defects.

EUKEMIAS IN TWINS

Studies of disease in twins have always been considered to be of great value in determining the presence of ***hereditary*** genetic factors. "It has long been a tenet of genetics that concordant disease [in both twins] among uniovular [identical] twins is good evidence in favor of a hereditary mechanism, and that discordant [in only one twin] is against it."(R00161/p.318)

Could the occurrence of disease in both twins of a set also be a sign of ***acquired*** genetic abnormalities? A review of the literature is quite rewarding. Some facts about twinhood need to be remembered. Twins may be identical, from one egg (monozygous) or from two egg-cells or ova (heterozygous). Monozygous twins share circulation, whereas heterozygous don't. However, they are both exposed to practically identical environmental variables.

Depending of whether the leukemias occur in one or both twins, the cases are classified as *concordant* (illness occurs in both members of the sibship) or *discordant* (illness in only one twin).

From our viewpoint of following the aftermath of the administration of viral vaccines (especially polio) as cause of malignancy, we always like to look at time factors (before and after the early 50s).

CHILDHOOD LEUKEMIAS IN TWINS INCREASED, PARALLEL TO THE POLIO VACCINE PROGRAM.

The pattern of distribution of leukemia types changes after the era of the polio vaccine. Twins with leukemias studied before the 1950s, had chronic leukemias which they developed as adults. Cases of childhood leukemias in twins only appear after that date. Another peculiar characteristic is that while adult leukemias may be either concordant or discordant, childhood leukemias in infants under the age of 4, are practically always concordant, whether the twins are identical or not, as noticed by Zuelzer and Cox, reported under the heading of "Genetic Aspects of Leukemia", published in SEMINARS OF HEMATOLOGY 6:228, 1968.

Some authors theorize that the disease first develops in one of identical twins and that the second one can accept these abnormal cells and develop them too, because twins are identical and no rejection would occur. They might be partly right, since abnormalities often include identical *marker* chromosomes (typically abnormal chromosomes). Yet, identical genetic mutants carrying identical hybridizable DNA could act simultaneously on both twins, which would explain why non-identical twins also have similar problems, and, furthermore, embryonic tissue does not elicit a rejection response as would adult tissue.

STATISTICALLY SIGNIFICANT ASSOCIATION OF BIRTH DEFECTS AND LEUKEMIA

Certain conditions which are considered hereditary birth defects are associated with a manyfold increase in leukemia incidence. The

most outstanding case is that of *mongolism*, also known as *trisomy 21,* or *Down's syndrome.* As we understand heredity in these days, this is a birth defect attributable to "nondisjunction" (non-separation) of chromosome strands during the division of the cell (meiosis). From all available studies, events of nondisjunction "increase with maternal age...[and are]...not a random event [occurring] preferentially in certain families".{R00161/p.320} Again, most of these studies again post-date the 1950s.

The clinical symptoms are:

1.-mental retardation, more or less severe;
2.-chronic immunodeficiency manifested by
    a)recurrent colds,
    b)ear infections,
    c)bronchitis,
3.-symptoms compatible with low thyroid function
    a)coarse, sparse hair,
    b)immunodeficiency,
    c)slow learning,
    d)deafness or hearing loss,
    e)thickened, abnormal tongue,
    f)dry skin,
    g)obesity,
    h)hormonal dysfunctions
    i)often correctible by the administration of thyroid and vitamins
4.-features that vaguely mimic the yellow races.

This disease was not described until 1854, despite the detailed anatomical drawings and study common since the early Renaissance. Mongolism, usually blamed on the mothers who might be older than 35 or 40 at the birth of the infant, has increased in the offspring of younger women in the last 40 years; it has been attributed to the

fluoridation of water supplies. It is the only birth defect that has not been reproduced in animal studies, as of yet, by nutritional deprivation or manipulation, for it is almost exclusive of humans. One isolated case of simian mongolism has been reported, and the trisomic monkey looks more like a trisomic human baby than monkeys or humans look like each other otherwise.

OTHER BIRTH DEFECTS ASSOCIATED WITH LEUKEMIAS IN THE SAME INDIVIDUAL

Fanconi's anemia (fa)
Bloom syndrome (bs)
ataxia teleangiectasia (at)

These clinically different conditions have several features in common which can be summarized as follows:

a.- Chromosomes of cultured lymphocytes are unusually fragile;
b.- Such chromosomes tend to multiply inside a cell, with no redistribution through cellular division;
c.- Such abnormalities do not occur during cellular division (mitosis) as in Down's syndrome, but rather in cellular rest periods where the chromatids (the threads of DNA that are not yet condensed and heavily colored, at which stage they are renamed *chromosomes*) break and become rearranged, probably as an abnormal form of DNA repair.
d.- Increased sensitivity to radiation and carcinogens (BS and AT patients)
e.- Increased malignant transformation when exposed to SV-40 (FA), and less consistent, yet still malignant transformation potential of AT cells by SV-40.

WHITE BLOOD CELLS IN CHILDREN WITH BIRTH DEFECTS ARE MORE SENSITIVE TO SV-40 (THE VIRUS THAT CONTAMINATED THE POLIO VACCINE), THAN THESE CELLS IN NORMAL CHILDREN.

Another strong birth defect-leukemia association is found in *Von Recklingshausen* disease, also known as *neurofibromatosis (the elephant man syndrome)*. This association or, at least its reporting is fairly recent, less than the last 20 years. The leukemias associated with this illness are mostly of a type known as *non-lymphocytic,* very unusual in young humans.

SEX CHROMOSOME ABNORMALITIES ARE FREQUENTLY ASSOCIATED WITH LEUKEMIAS

Other conditions have also been associated with increased leukemogenesis,but due to their relative rarity have not yet been fully understood. They include:

1.- Hereditary leukopenia;
2.- Phocomelia with hypoplastic thrombocytopenia;
3.- Wiskott-Aldrich syndrome;
4.- Blackfan-Diamond syndrome;
5.- Familial peroxidase deficiency;
6.- Congenital agranulocytosis;

WHAT CAUSES LEUKEMIAS?

Since its early descriptions by Virchow, and its initial discovery by Bennet the origins of leukemia have been, by nature or by design, shrouded in mystery.

The transforming cells have mostly been presumed to originate in the bone marrow yet other organs such as the thymus, lymph nodes and spleen are often named as sites of transformation.

Many factors have been proposed as causative of leukemia, and debate goes on as to which actually initiate and which promote the malignant transformation. According to Gunz and Henderson,"viruses are convincingly identified as leukemogenic [causers or initiators] in many mammalian species including primates. Exposure to ionizing radiation and a growing list of chemicals and the inheritance or acquisition of certain diseases are associated with... increased risk of leukemia"[R00161/p.287]. None of these factors is a 100% guarantee of leukemia development, and multi-factorial origin is the theory favored by most researchers.

VIRUSES ARE CONVINCINGLY IDENTIFIED AS CAUSING LEUKEMIAS

Whereas in humans we can only ethically and legally review the potential variables which may have caused leukemias, in animals it is possible, legally, if maybe not fully ethically, to experiment, compare results and reach conclusions which may or may not be accurate and/or apply to the human race.

It is of great importance to remind the reader that results derived from tests done in laboratories are not always comparable to results

from true to life events, and that the amounts of chemicals, radiation, etc, used may be very different from naturally occurring offenders. The design of tests is often adapted to please the hand that feeds both the tested and the tester (the grant-funder) and the stories told of mice and men might not always match reality.

The distribution of leukemias in rodents and other animals parallel human disease, with T- and B-lymphoblastic lymphomas and acute lymphoblastic leukemia (ALL) being the most predominant one. T-cell leukemias, a disease clinically very similar to human "AIDS" occur largely in the younger animals, especially cats. Lymphomas of the thymus are also very frequent in cats. This was elaborated upon by Dr. Francis from the National Cancer Institute when the marketing of "AIDS" got into high swing, and is discussed in this book elsewhere.

Many causes have been listed as leukemia producing agents by divers researchers, with radiation leading the enumeration. Others have been chemical agents, immunologic disturbances and viruses. External irraditation (x-ray or gamma-beam) in fractionated whole-body exposure

Neutrons
Internally deposited Phosphorus 32

Curiously enough certain similar agents, *Strontium 89*, *H-thymidine* and *H-cytidine* have had little or no leukemogenic effect.

ARE LOW LEVELS OF RADIATION ACTUALLY MORE ONCOGENIC THAN HIGH LEVELS?

Although the consensus of opinion used to be that leukemias developed in humans due to somatic mutations, this theory was discredited largely because M.B. Brown and H.S. Kaplan demonstrated in a study published in CANCER RESEARCH 11:706, 1951, that they were not triggered off in proportion to the size of the radiation dose, but that ***frequent, intermittent doses produced leukemias more successfully*** in their test animals. This should make us leery when the Establishment so rashly reassures us that the airport security devices and routine X-Rays do not represent a severe health hazard!

Between 1950-1952, the same authors were able to prove that it was an effect ***other*** than direct irradiation of the thymus which caused the malignancy in those animals. Although the tumors were thymic lymphomas, the direct attack of that organ yielded virtually no malignancy. Their conclusion was that irradiation of ***both*** bone marrow and spleen was necessary for such a disease to develop, and that disease was inhibited "if intact bone marrow, spleen, or fetal liver cells were injected after the animal was radiated."(R00161/p.293)

Not only was mutation not the apparent cause of illness, it was shown by the same authors that rodents that had their thymus removed ***before*** being radiated, did not develop malignancy, but that if they received thymus grafts from other syngenic mice, after irradiation, tumors did develop and their genetic origin was from the donor rats who had ***not*** been irradiated. In the author's opinion, this proves that radiation lymphomagenesis involves a completely indirect induction mechanism in which the cells of a nonirradiated thymus may be induced to become neoplastic because of their residence in an irradiated host environment. This paradox was soon explained by the discovery that subcellular leukemogenic agents, later shown to be MuLVs (Moloney-leukemia-virus), could be extracted from the tissues of radiation-induced lymphomas in mice of several strains".

{R00161/p.293} as published by Kaplan and Lieberman in SCIENCE 130: 387, 1959.

RESEARCHERS CHOOSE TO FORGET WHAT IS UNCOMFORTBLE TO FIT INTO PREVAILING THEORIES OR FAVORITE EXPLANATIONS. IN THE FIFTIES THEY KNEW THAT IT WAS THE SMALL, REPETITIVE DOSE OF RADIATION THAT CAUSED LEUKEMIA, NOT THE MASSIVE SINGLE DOSE!

Numerous chemicals have been found to induce leukemias in animals. Many of these are hard to pronounce and mean little or nothing to most, yet some readers may be interested in a listing.

> "the ***carcinogenic hydrocarbons*** *methylcholantrene, 9,10-dimethylbenzanthracene, and benzpyrene*" {R00161/p.293},

which are ***petroleum distillates*** and ***byproducts of the burning of coals***. Others are

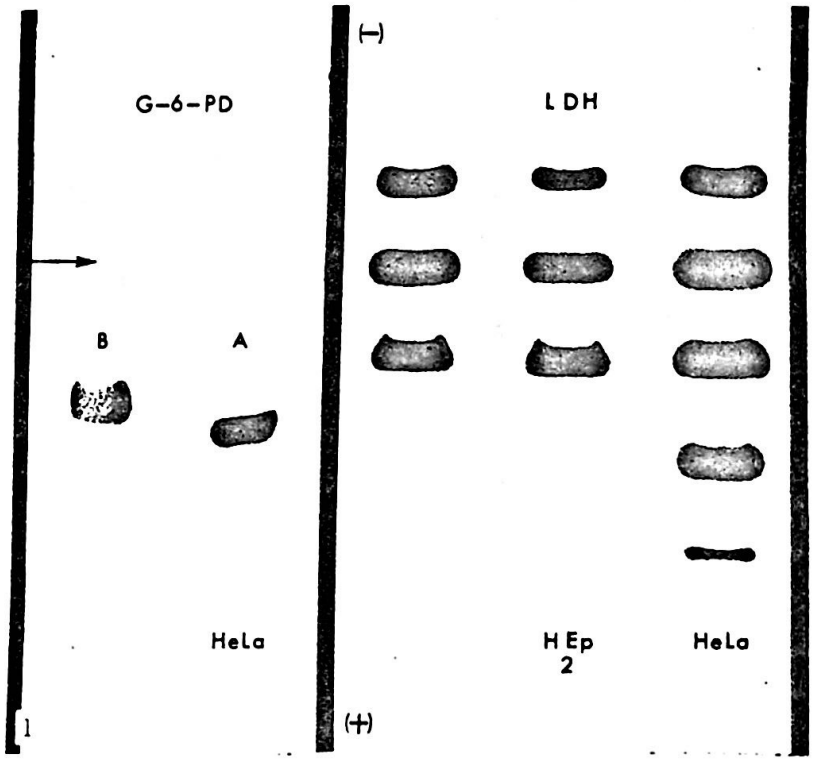
> "the ***cytotoxic alkylating agents*** (cell killing substances containing alkyl groups such as *nitrogen mustard*) "*triethylenemelamine (TEM), busulfan (Myleran), degranol, procarbazine, purine analogues* such as *mercaptopurine and azathioprine, nitroquinoline oxides and nitrosoureas*"

urethan

estrogens represent yet another group.

The characteristics of the way chemicals induce cancer are parallel to those of *radiation*, including the finding of *MuLVs. (Murine leukemia virus)*

Considering that many of the above are contained in commonly used chemicals and even medications, it should not be surprising that leukemia is on the upswing. The army has now developed vaccines, allegedly for protection against *nitrogen mustard, botulism,* even *Anthrax.* The process by which such vaccines are, manufactured is not made public, its dangers concealed. Considering that the soldiers are already full of the lethal adenoviruses and SV-40, what new health problems can they develop? Only time will tell, and who understands the language of time?



ENZYME PATTERNS OF NORMAL CELLS VERSUS HeLa CELLS, WHICH EXHIBIT THE G6PD ISOENZYME AND AN ABNORMAL LDH (LIVER ENZYME), PATTERN.

CHAPTER XXVI

HIDDEN CONNECTIONS BETWEEN CANCER, "AIDS" AND OTHER ILLNESSES EXPOSED?

WHAT IS A RETROVIRUS?

These paragraphs are addressed to the technically inclined, but may be read by anyone wanting to learn more to debunk the Establishment's lies. A ***RETROVIRUS or MAMMALIAN TYPE C RNA*** virus is one of the groups into which viruses are classified these days. The word is new, yet the organisms it comprises are not only new, but several have moved to this classification from some other group previously defined. It has the following characteristics:

SHAPE: spherical
DIAMETER: about 100-115 nm
NUCLEOID: Centrically placed
OUTER ENVELOPE: 2-3 concentric shells
STRANDEDNESS: double
30-35 S

MOLECULAR WEIGHT: 3x 10 to the power of 6 daltons
LINKAGE:dimeric, at the 5' end
MAJOR INTERNAL CORE PROTEIN ANTIGENS: type specific, group specific (gs), and interspecies
OUTER ENVELOPE: glycoprotein, 70 daltons (gp70), reactivities as above.
Other polypeptides with molecular weights between 10,000 and 15,000 daltons have been identified.

RETROVIRUSES OR RNA TUMOR VIRUSES

The knowledge may be technical, but acquiring it has the special bonus of being able to see the contradictions and lies that are fabricated by the *organized crime* we call *Research Industry*, to defraud the public. The Establishment has long known the connections between cancer and viruses, and has selectively chosen to keep the public in the dark, so they can continue milking taxpayers and foundations for more research funds it can further misapply. *Retroviruses*, long known to be the cause of certain serious illnesses, first attack by smuggling their way into the body and then seducing their victim to multiply them (the viruses) so they can attack their host. This insidious and deceptive tactic is sadly reminiscent of those used by the medical establishment or the powers of the politicians. This is the human race's last S.O.S.!

KEEPING THE PUBLIC IN THE DARK ABOUT THE ORIGINS OF CANCER PERMITS THE CANCER-MAFIA TO CONTINUE MILKING IT SO THEY CAN "WIN THE BATTLE"

So, we must learn more about these rascals, and from other points of view:

Dr. Timothy O'Connor is a well known virologist. He says they are "membrane-enclosed viruses which bud from the cell membrane of infected cells and which do not generally kill the cells which they infect."

THE GENETIC MATERIAL OF A RETROVIRUS IS ARRANGED INTO THREE SECTIONS, ALL OF WHICH MAKE DISTINCTIVE PROTEINS. THEY ARE CALLED "GAG", "ENV" AND "POL".

The viral genome consists of two identical strands of RNA...which are held together by ***tRNA*** molecules. [*tRNA* is *transfer* RNA] The viral RNA of all retroviruses contains nucleotide sequences which are ultimately expressed as internal virion proteins" these go by the name of ***gag*** region, those that make the envelope (***env***) and a *virus associated polymerase* (***pol.***) They can be easily remembered by a mnemonic rule: ENVy GAGs the POLitician.

Pol. is the enzyme so much publicized under the name of ***reverse transcriptase***. This is the substance which permits the virus to camouflage its structure into the nucleus of the cell. How is this done?

If we have a secret message that we must read, and it is written in a code or language we can not comprehend, we must transcribe or translate it. Messages in living organisms are usually written in the ***DNA*** (*nuclear material*). They are also normally transcribed into the ***RNA*** of the cytoplasm to be carried out by the organism. Retroviruses, whose core is RNA, must be *reversely* transcribed into DNA to enter the nucleus of the cell. The enzyme in charge of this is known as *reverse transcriptase.*

***PARLEZ VOUS* DNA? = DO YOU SPEAK DNA?**
= *SPRECHEN SIE* DNA?

Long before the media bombarded us with "AIDS" lore, Dr. Gallo had described the reverse transcriptase he was finding in 30% of human leukemic tissues. He did not suddenly come up with this new knowledge in the 80's. No, he described this in an article that appeared in NATURE Vol. 728, p.977, 1970, under the distracting title of "RNA dependent, DNA Polymerase of Human Acute Leukemic Cells". His co-authors were S.S. Yang and R.C.Ting. (*Ting and Yang...?*)

RETROVIRUSES ARE UNIQUE AMONG ANIMAL VIRUSES BECAUSE OF CERTAIN CHARACTERISTICS

Some characteristics described are that

1.- They *replicate* (reproduce) through a *proviral* DNA stage, with *integration* into the *host DNA* (they become part of the genetic program of the creature they are introduced into.

2.- The integrated provirus is transmitted through the general body or the cells of the reproductive system (somatic or germ cells).

3.- The groups of nucleotides that make up the viral genetic message are *sandwiched in* between certain *repetitive* sequences. (If the nucelotides would represent the meat in an imaginary sandwich, the repetitive sequences, *long terminal repeat or LTRs* would be the

bread. They are attached both in the DNA and in the RNA forms, and are involved in regulatory processes.

4.- Non-acute retroviruses can combine with modified cellular regulatory genes(*c-oncs*, or cellular cancer sequences, to produce *acutely transforming* viruses (***cancer viruses***) which then contain the *v-onc* (viral cancer genes).

THE AGE, AT WHICH AN EMBRYO IS EXPOSED TO RETROVIRUSES DETERMINES THE PROBLEMS THAT WILL OCCUR

An interesting feature is that the outcome of infections with retroviruses depends on the stage of embryonic development. If the embryo is contaminated before it is implanted, the virus will integrate but not make copies or reproduce, and animals may be born apparently normal as long as the virus remains dormant due to a chemical process called ***methylation***. This is a very important fact to remember, because methylation is *upset* by the administration of certain substances such as *AZT;* what this must mean is discussed in chapter XXX.

IS AZT JUST A BLUNDER OR WAS IT CHOSEN AS A LETHAL CHEMICAL WEAPON?

Older embryos (mouse embryos of 8 days in the study reported) reproduce many viruses that go to all cells of the body. The virus is not methylated.

In neonatal (newborn) animals, the *proviruses* are attracted to cells of particular tissues or lineages and may eventually cause malignancy.

Those viruses known as *acutely transforming*, (the ones that can rapidly make cells exhibit malignant features as soon as they become infected, contain *the specific sequence v-onc* or *viral **malignant gene***. If a *Rous sarcoma virus* (the first cancer virus, described, already in 1909!) is used for this, another malignant sequence is made, which is very characteristic and called ***c-sarc***.

By 1982 only about 14 v-onc genes have been found (these being the viral cancer forming genes that have complementary sequences in vertebrates.

WERE WE ENDOWED WITH CANCER GENES IN THE EARLY DAYS OF CIVILIZATION, OR WAS IT FLESH WOUNDS CAUSED BY ANIMALS AND VACCINES THAT CREATED DEGENERATIVE DISEASE?

Although the various authors love to go into lengthy fantasies about how many million years back in evolution these cellular genes developed, considering that "once a provirus is integrated into the DNA of the cell, the subsequent behavior is similar to that of other cellular genes. Infection of the germ cells of an animal can ultimately result in progeny [offspring] in which every cell will contain a copy of the provirus." {R00330/p.5} a provirus coming from a contaminated biological or vaccine could have entered Mrs. Doe's ovum or Mr Doe's sperm, and the whole generation born in the 50s and 60s may well be carrying *c-onc* and *c-sarc* viruses which never existed in

the human body before the unholy vaccines were administered. But unless we find uncontaminated tribes we'll never know...

DR. GALLO LOOKS AT RETROVIRUSES

It is interesting to get Dr. Gallo's views on retroviruses, since he is the man that made this a household word. He tells us that they are "isolated from several vertebrate species, including higher primates"{R00161/pp.330-331}He states that retroviruses' way of being linked within the molecular subunits is different from that of other viruses. Whereas in the other viruses the *linkage* is between a *3' site* and *a 5' site* (a location in the molecule), the "genomic RNA [constituting the viral genes] resembles *cellular messenger RNA* in that it has *unusual 5'-5' phosphodiester linkage* between a *methylated guanidine triphosphate* and the adjacent 5' terminal nucleotide [*a cap structure*]..." {R00161/pp.330-331}. (All italics added). A mouthful, isn't it?

The type of location of the point at which these are held together is very technical, but interesting to the public ***precisely*** because it does not seem natural, and because such an assemblage was discussed in an article about avian sarcoma virus RNA, published by Y. Furuichi in NATURE, Vol. 257, p.618, 1975.

Dr. Gallo discusses the ***coding capacity,*** the ability of these viruses to carry genetic information, and their gene groups, the same gag, pol and env we discussed before. But some retroviruses do more: They "have acquired additional genes by recombination with host cell sequences, often at the expense of part of the viral structural genes. The newly acquired genes can confer neoplastic [cancer causing] potential on the viruses."{R00161/pp.330-331} Maybe we could say it in a simpler way by suggesting they have mutated?

MALIGNANCIES CAUSED BY RETROVIRUSES

Scientific knowledge is highly mutable, because it is affected by semantics. As we understand it to-day, and based on accepted definitions, retroviruses are RNA viruses that ***must*** go through a translation into nuclear DNA to be able to reproduce. This phase is induced by enzymes (reverse transcriptase) that are present in this viral structure.

The information about reverse transcriptase has been released only recently, and powerfully glamorized by the media, who are otherwise never informed of viral research technicalities, and so it has become falsely perceived as contemporary and coincidental with the much later "AIDS" ***mystique***. The facts are very different. Reverse transcription was already known in the very early seventies. Initial studies used the word *Teminism* (in honor of Dr. Temin, famed virologist, who discovered the process of reverse inscription from RNA to DNA, where the virus integrated into the nucleus of the cell, and who published this finding in 1972).

SEQUENCES IN THE GENETIC MESSAGES

Genetic messages are "written" in sequences of certain assemblages of molecules which represent a "code". To draw a parallel with the English language, languages being, in themselves, codes, some words such as

PLACE
disPLACE
rePLACE
PLACEment

have some alphabetical sequences in common: such words usually share meanings or properties. In the same fashion, genetic materials contained in viruses, chromosomes and recombinants also have simi-

larities in the sequencing of their genetic messages. This is known as *homology* and usually indicates association, connection, and other common properties between such substances, which are more pronounced and noticeable, the higher the percentile proportion of such "homology". Some sequences, which have been shown to produce malignancies have been named so as to be able to identify them, and they are known, among others as *sarc* and *onc* sequences.

According to Dr. Peter Duesberg, famous virologist now in Berkeley, California, ***those retroviruses which cause rapid cellular transformation (development of malignancies) contain some of those specific nucleotide sequences (ONC genes).*** These are linked to portions of a *helper* leukemia virus (the reader may remember that *SV-40, adenovirus* and *herpes-virus* are also helper viruses. (So are their *long terminal repeats--LTRs--)*. We can use the word ***LeTeRs***--one T omitted--as a mnemonic rule.

LEUKEMIA RETROVIRUSES OR SOME OF THEIR SPECIFIC COMPONENTS MAY BE THE ORIGIN OF MALIGNANT DEVELOPMENT AND TRANSFORMATION.

It is apparent that interaction occurs between the previously described *homologous* sequences of ONC genes and host DNA, that there are some, but only a limited amount of cellular genes that could be transformed by retroviruses, and that these may play a role in malignancy development.

CONNECTIONS BETWEEN ANIMAL - HUMAN "ONC"GENES

In a project done by Flossie Wong-Staal and other researchers, which included Dr. R.C. Gallo, *the man who gave America AIDS,*

several retroviruses were studied:

Woolly monkey (simian) sarcoma virus (SSV) from monkeys.
Feline sarcoma virus (FeSV) from cats.
Harvey murine sarcoma virus (HaMSV) from mice.

All studies showed clear connection between animal onc genes and their human counterparts. Some of the viruses were partly similar, one that had been studied elsewhere, the *Moloney murine sarcoma virus (MoMSV)*, was ***uninterruptedly*** homologous. This particular virus is a recombinant between cell sequences and the tail (the long terminal repeat or LTR) of Moloney leukemia virus(MoLV). From studies reported in SCIENCE (212, 22 May 1981) the addition of leukemia viruses and their *tails* have a general enhancing activity on malignancy inducing viruses. "It is possible that LTR-like sequences activate the expression of quiescent cellular genes with transforming potential not only by insertion, but also by mediating DNA rearrangements". The conclusion is that when an active promoter and a gene with malignant potential become closely connected, malignancy may develop.

THE TYROSINE-KINASE (TK) CONNECTION

It is well documented that poor thyroid function and the development of malignancy go hand in hand. The thyroid is known as the *Schild-Druse* (shield gland) in the German language. Disorders in thyroid formation and functionality would probably manifest in increased susceptibility to malignancy. To become actively functional, the thyroid hormone has to have a phosphorus molecule attached. This process, known as *phosphorilation*, is handled (mediated) by an enzyme known as *tyrosine phosphokinase.* As an interesting association, one of the enzyme disorders frequently associated with malignancy, and also with most immunosuppressive viruses, is that of tyrosine-kinase or TK.

Acutely transforming retroviruses code, or instruct the cell to produce this particular family of enzymes.[R01540]

DNA VIRUSES

DNA is the substance from which chromosomes are formed. Some viruses also are composed of DNA. SV-40, as well as many others, are DNA viruses. The establishment *chose* to inform the public that the disease "AIDS", however, was caused by an RNA virus or retrovirus. Hence, the "AIDS" mafia only target RNA viruses, while playing a new and much more lethal version of cow-boys and indians: ***Doctors and Patients.***

The DNA is fundamentally important in the formation of cancer, according to the authors "it is mandatory to invoke an alteration in the DNA of a cell since sarcoma-causing retroviruses carry a transforming gene which is an altered cell gene". The most widely distributed DNA viruses are polyoma (multiple tumor-viruses), of which SV-40 is an important and representative example.

POLYOMA-VIRUSES' ROLE IN CANCER PRODUCTION

Despite that due to the efforts of the Cancer-Aids-Mafia, the public has heard little or nothing of the indispensable role of DNA viruses in the induction of a malignancy. The original studies about the relationships between viral infection and tumors were done with DNA viruses, in particular, the family known as polyoma-viruses and the other large family of the herpes-viruses.

DNA VIRUSES ALSO CAUSE CANCER

In their book on the MOLECULAR BIOLOGY OF POLYOMA VIRUSES AND HERPESVIRUSES, Perbal and his colleagues ask themselves the question of what role polyomaviruses, and viruses in general may play in creating and maintaining the characteristics that make a cell act different or transformed when attacked by a cancer virus.

SV-40 AND POLYOMAVIRUSES ARE THE GREAT HOUDINIS OF THE VIRAL COMMUNITY

All studies of polyoma and SV-40 viruses reaffirm that these agents perform in a deceptive and confusing manner. In addressing the particular role of polyomaviruses, the authors assert that these contain "the smallest amount of genetic information. The mechanism by which this DNA effects its profound alterations on cells remains unclear" {R00340/p.25} However, at the time this book was written, the perception was that the circular SV-40 and Polyomavirus may *integrate* (become a part) of the nucleus of the cell they parasitize, at random locations; there the circular DNA would rearrange into a linear structure, as you would release a loop of yarn, and be linking as well as separating portions of the chromosome. It was also realized that only small parts of the genome were necessary to transform cells. To make the determination of this process trickier, the following two phenomena happen:

1.-it becomes impossible to detect the viral genome once it has been integrated

2.-it may become evident again if the transformed cells are fused to others which are naturally *permissive* (have a special sensitivity that permits liberal growth) of polyoma and SV-40.

The seduction of oversimplification makes "conventional wisdom" so comfortable. Because of this we are used to think of viruses only as agents of sudden, destructive disease, such as are smallpox or measles. Polyoma viruses are different, their main traits being:

1.- Prolonged lytic (destructive) infection.
2.- The polyomaviruses and SV-40 integrate into the host's genome.
3.- They are capable of mutating a cell.
4.- They may reproduce, but usually only after the addition of a *helper* virus.
5.- They allow for a process called *excision* of viruses (separate replication of the viral genome) without equal production of cellular chromosomes.
6.- They can generate immune responses.
7.- They can induce malignancy.

Albert B. Sabin, creator of the Sabin vaccine is quoted in the Perbal book as saying that "[The] exploration may lead nowhere in the search for a possible viral etiology of human malignancy, but it is something that needs to be done...because of the strong probability that human beings are not likely to be an exception to what has been observed in lower animals."{R00340/p.33}

POLYOMA DNA USED IN RECOMBINANTS

Scientific findings that suggest risks stemming from commonly employed techniques or where information clashes with the status quo, are usually given very special handling by those who have a vested interest in keeping research or industrial money flowing. Those "uncomfortable" data which absolutely must be published are often presented or written in such a way that the bitter truth is graciously sweetened by carefully chosen jargon. In the 70s, concern about recombinant genetic material was still in the news. Boredom and habituation had not yet completely obliterated some spark

of worry or inquiry by the public. Fat profits were beckoning from the industry, and laws dealing with *containment* of dangerous recombinant materials had to be written, not because they would really protect, but conveniently appease the populace.

As the reader will remember, recombination or *molecular cloning* is a process used to manufacture new molecules into which part of others had been inserted.The most common carrier for the new molecules were the microorganisms known as *Escherchichia (E) Coli* which normally live, by the millions, in the lower intestine. There has always been serious concern that recombined bacteria may find their way into the environment and our bodies, and cause severe problems. This is vehemently denied by those who benefit from the industry, but their denials do not create reality.

DANGERS LURKING IN VIRAL RECOMBINATIONS

NEVER JUDGE THE CONTENTS OF A SCIENTIFIC ARTICLE BY THE FIRST LINES OR CONCLUSION ALONE

The subject of using polyoma DNA in *molecular cloning* in studies aimed at cancer production (oncogenicity) testing, was discussed in SCIENCE magazine{R01600} (Vol. 205, 14 Sept, 1979). The abstract paragraphs triumphantly state in their first sentence that "Inoculation of suckling hamsters with...*E.Coli*...carrying the complete genome of polyoma virus in a recombinant plasmid, failed to induce tumors in any of 32 recipients."

This sounds like the procedure is pretty safe (at least to hamsters that are on breast milk and under laboratory conditions. You can be assured that your pet hamster will not be damaged by this procedure, I guess. If you read on, however you will find that even those little

critters had a "low degree of oncogenicity" when they were injected with purified recombinant plasmid DNA, and so the researches concluded that the "propagation of polyoma virus DNA [please, observe the sudden shift of the subject from oncogenicity to propagation] as a component of recombinant DNA molecules in *E. Coli* reduces its biologic activity many orders of magnitude relative to the virus itself." Without even venturing to determine what that verbiage is covering up, suffice it to know that "many orders of magnitude may mean you need 1000 or 10 000 fold number of particles to wreak some form of havoc or another. If we now recall that it only takes 10 or 20 particles of polyoma per cell to cause malignancies, 10 000 viruses is not much to ask for!

The subject is too technical for most to realize how the careful manipulation of the materials tested, can significantly determine the validity and scope of the results. The wishes of the medical- pharmaceutical-machinery are always to represent their activities as clean, pious and safe. So, despite the fact that very active recombinants used industrially are *constructed* (a word that sounds safer than *recombined* from viral genome fragments, this article, meant to reassure us of the safety of genetic engineering, was written to report "the results of a series of risk assessment experiments involving derivatives of *E. Coli K12* bearing recombinant DNA that contains the ***complete genome*** [emphasis added] of Polyoma virus." Was it an accident that they chose the ***complete***, not the ***fragmentary***, much more reactive recombinants? Or was the intent overtly deceptive and fraudulent? Suckling hamsters, for instance are very sensitive so that "intact virions are not required for tumorigenesis, since [they] have recently shown that naked DNA and even sub-genomic fragments can induce tumors in them."[(R01600)]The "complete genome" which is, in its natural form, circular,

1.-was treated with an enzyme (single cut restriction enzyme), that breaks the circle and straightens the genetic information into a linear form
2.-ligated to plasmid or *lambda phage* vectors, (lambda phage being one of the microorganisms that can destroy bacteria).
3.-propagated in *E. coli K12*

Whereas *E. Coli* with recombinant DNA did not cause tumors in suckling hamsters when injected into their backs, other modalities of recombinant DNA did, which makes us wonder whether that particular type of recombinant was used for the study because of its more reassuring results.

DID THEY STRESS THE RISKS? DID THEY LOOK FOR RISKS OTHER THAN TUMOR PRODUCTION?

A study that from the onset purports to be for "risk assessment" and that might step on the oversensitive toes of the recombinant DNA industry, is certainly not in the market for finding or reporting problems that are not convenient to the manufacturers.

After obtaining their data, they progressed from science to rhetoric and dialectics. They stated that: "With regard to the relevance of these studies to risk assessment, the tests with *live E.coli* are clearly the most pertinent in that they are the only tests that in any way mimic a possible naturally occurring event"[{R01600}]. How so?, say I, but they do not comment... The researchers were comfy in their conclusion that "the bacterial cell constitutes an effective barrier against the transfer of its DNA to eukaryotic cells." Assuming that that is a fact, what happens when the *E. Coli* dies or is otherwise disintegrated, and the DNA leaves its "effective barrier"?[{R01600}]

Liars always slip their tongue and demonstrate the REAL intent of their behavior: "these experiments constitute a 'worst case' analysis; that is, the *experimental design* [emphasis mine], maximizes the chances for obtaining positive results. Thus, it is all the more striking that neither the *live lambda 1776 harboring recombinant plasmids* [they refer to recombinants which include a lambda phage] nor the phage preparations containing the monomeric polyoma DNA insert induced any tumors."{R01600}

What they are telling you is :

--"Disregard the danger signals and pat yourself on the back, and everything will be O.K.!"--

Media people and journalists evaluating a technical publication, will usually go the easier route of reading only the last conclusion or paragraph of an article. It has usually been my observation that these lines are tendentiously selective and taken out of context. In this case the triumphant conclusion was that "The finding that no tumors were induced with the viable plasmid-containing bacteria not only provides further evidence for the safety of cloning viral genomes in *E. coli* but also provides for the safety of cloning other postulated oncogenic gene segments."{R01600}

The evidence shows that the material causes tumors in all conditions excepting when contained in *E. coli* and injected in baby hamsters, but they say it is safe. I guess that the tycoons of the research mafia have ample license (lie-sense?) to reinvent reality.

Being a native of Argentina, I am partial to Argentine jokes. One that appeared in a San Antonio Newspaper during the Malvinas (or Faulkland) war, reminds me of these individuals's thinking and reasoning.

Presented under the heading: ARGENTINE LOGIC, it went somewhat like this:

1.- [] This is a triangle.
2.- *** This is a circle.
3.- We are winning the war in the Faulklands.

We can draw a parallel between this bizarre reasoning and the article's position that recombination is safe. Did not even one person notice the falsehood of their conclusions? Without stressing the risks that the genetic material represents and the tumors it can induce when ***not*** in the *E. coli*, the authors jump to a further couclusion to allay any legitimate concern the public may have, and finish by saying:

> Whereas the experiments presented are in need of extension to other host vector combinations [...God forbid!...] they do add to the reassuring conclusions of the earlier mouse infectivity studies...The findings that no tumors were induced with the viable plasmid-containing bacteria not only provides further evidence for the safety of cloning viral genomes in *E. coli* but also provides for the safety of cloning other postulated oncogenic gene segments".

Legal English is not the proper language for scientific English, but no one can read any more, and, much less, clearly interpret the written message.

DNA VIRUSES AS CAUSE OF TUMORS

The National Cancer Institute and The National Institute for Dental Research sponsored a study on DNA viruses that was completed in 1966. In 1967, results were published in THE AMERICAN JOURNAL OF PATHOLOGY, conclusively admitting the connection between such viruses and cancer.

"A number of viruses containing desoxyribonucleic acid (DNA) have been shown to induce tumors when inoculated into newborn animals. Members of the papovavirus group, especially mouse polyoma...and simian virus 40.., and a number of both human...and simian... adenoviruses are now recognized as oncogenic when tested by this method. Huebner...has further subdivided the human adenoviruses into those that are highly oncogenic (Types 12, 18 and 31), weakly oncogenic (Types 3, 7, 14, 16 and 21) and the remaining types which thus far seem to be nononcogenic." If the reader cares to refer to the adenovirus section, he may get further insights into the strange practices of the armed forces and adenovirus administration to defenseless soldiers and officers.

The tricky feature of these viruses is that the tumors they cause are or appear to be virus-free, making it difficult, if not impossible, to detect viral causation in those tumors induced by polyoma-viruses, unless very elaborate techniques are employed.

SV-40 IS AN INTEGRAL PART OF MANY PLASMIDS AND VECTORS USED IN GENETIC ENGINEERING

When a genetically engineered product is manufactured, an "anchoring" segment becomes necessary to attach the desired genetic traits to be transferred, to the organism that will produce the substance. This anchoring segment is also known by the words "probe", "plasmid" or "vector", which will interchangeably be used in this text.

Most of these probes, plasmids or vectors contain SV-40 or portions of SV-40 as part of their structure. SV-40 is a ***naked*** virus, that can envelop itself in the membrane of the host cell, becoming indistinguishable from it, and has been described as the missing link

par excellance, a very important activator and facilitator of recombination.

The schematics of such recombinant molecules presented below are random samples of what is a very frequent tool of genetic engineering, clearly depicting the presence of SV-40 as part of the molecule.

Perusal of any articles on genetics or recombination, will rapidly reveal that SV-40 is no stranger, or just occasional guest, but one of the main (if not the main) character in the recombination dramas. Viruses that remained distinct and undisturbed while living in pristine racial purity, such as those that cause influenza, simian viruses, etc., cheerfully become of one heart, one body and one soul in the presence of SV-40 and other viruses with similar linking capacity, such as Sendai, etc.

Sometimes, SV-40 is plainly referred to by its real name. Others, it may hide behind an acronym, such as *plasmid pMV104*. A certain segment of these plasmids is known as *origin* pMV104 uses SV-40 as origin, but since we refer to the substance only by its acronym, (and many acronyms are constantly in use), few ever pause to consider that the very dangerous SV-40 particle is a dangerous stowaway in that molecule.

A WOLF IN SHEEPS CLOTHES

One particular trick that SV-40 likes to play is to coat itself with the capsid of adenoviruses. This particle, half SV-40, half adenovirus; is known as PARA virus.

Adenoviruses occupy a very important position in the organization of the chromosomes: they mark the very beginning of chromosome 1, a probably particularly sensitive position for some domino effect.

Adenoviruses that my be non-oncogenic by themselves, become malignancy inducing when paired with SV-40.

Laboratory induction of tumors in hamsters by using SV-40, usually produced virus-specific abnormalities: connective tissue cells that may have little cytoplasm or a larger, spindleshaped cytoplasm, both having abnormally formed or malignant nuclei.

Adenovirus 12 tumors are described as formed by very primitive cells, which usually surround areas of small blood vessels. They have areas of tissue death (necrosis) and often resemble reticulum-cell sarcomas, or the "lymphoepiteliomas of man" ("Virally Induced Tumors", AMERICAN J. OF PATHOLOGY)

Induced tumors synthetized antigens, some against adenovirus, some against SV-40, some against both, but antigen *was **not*** present in all tumors, which shows the extreme and deceptive variability of this virus's pathologic potential.

THE CASE OF THE DISAPPEARING VIRUS

The researchers that induced experimental tumors with SV-40 and adenovirus knew quite early in the game that these abnormal masses were non-virus carrying and hence, not detectable by viral exams done *a posteriori.* The only feature that could link tumor to viral origin was the presence of tumor antigens or the developement of tumor antibodies after the disappearance of the infectious virus. As a consequence of this we must remain alert to the nature of human tumors, the majority of which have been shown to be non-virus carrying. This has always been used for the very highly touted opinion that "no human tumor viruses have been detected".Could it be that some or many of these human tumors were partly or totally related to SV-40 and adenovirus? After all, human exposure to these

has been massive in the years since 1953, and contacts with simians were not rare in the years before.

NEUROLOGICAL TUMORS IN OFFSPRING OF MOTHERS WHO RECEIVED CONTAMINATED POLIO VACCINE

Sensitive information is often not publishable as a full article, but a letter to the editor may slip through occasionally. In November 1988, Dr. F.W.Rosa from the FDA and Drs J.L.Sever and D.L. Madden from the National Institute of Neurological and Communicative Disorders and Stroke wrote a letter, published on page 1469 of the LANCET (Vol. 318, No. 22), under the rather clumsy and verbose title of "Absence of Antibody Response to Simian Virus 40 After the Inoculation with Killed-Poliovirus Vaccine of Mothers of Offspring with Neurologic Tumors". No commas or periods, just a confusingly worded phrase. The authors review information about infectivity and vaccine manufacturing in the first paragraph of the letter. The review is not completely accurate and obviously incomplete, but despite omission of many of the undesirable details, they still conclude that *"viral causation of human neural tumors is also suggested by the identification of viruses similar, and possibly identical, to SV40."* According to their information "In the multi-institutional prospective study of 58,807 pregnancies (1959 to 1965) by the Collaborative Perinatal Project of the National Institute of Neurological and Communicative Diseases and Stroke, seven neoplasms [malignant tumors] of neural origin (four neuroblastomas, one retinoblastoma, one medulloblastoma, and one astrocytoma) occurred in offspring of 18,432 mothers who had received killed poliovirus vaccine". In over 32,000 other pregnancies only one neural (glial) tumor occurred, which represents a 13 to 1 predominance of neural tumors in the offspring of mothers who had received the vaccine." There were also excesses of leukemias, kidney and liver tumors in other patients, which were ruled statistically non-significant, a statement that is rather cryptic and hard to justify.

CHILDREN OF MOTHERS WHO RECEIVED THE EARLY SALK VACCINES HAD A 13 TO 1 INCIDENCE OF NEUROLOGIC TUMORS, AS COMPARED TO OTHER PREGNANCIES

The mothers had had blood samples removed and some of them preserved in a frozen state for what they considered the possibility of future studies (a strange case of premonition)... According to the authors there were no antibodies to SV-40 in the mothers who had children with tumors, which they interpreted to unquestionably mean that SV-40 was not the cause of the children's tumors, showing either complete ignorance or deliberate oblivion of the peculiar behavior of this very elusive virus. Furthermore, they chose to ignore the conclusions of one of the studies they themselves had chosen as a reference, where virologists Krieg and Sherer described what they had been able to demonstrate in these cases, the "Cloning of SV40 genomes from human brain tumors", and Kirschstein's "Ependymomas produced after intracerebral inoculation of SV40 into newborn hamsters", both of which were severely incriminating to this virus and the vaccine substrate (simian tissue) that hosts this organism. But jobs with government and other health disinformation agencies often dignify the suffering of certain selective blindness...

They did, however, conclude that

"THERE APPEARS TO EXIST AN ASSOCIATION BETWEEN THE ADMINISTRATION OF KILLED-POLIOVIRUS VACCINE TO MOTHERS AND NEUROLOGIC TUMORS IN THEIR OFFSPRING..."

This article did not go fully unnoticed. Some of the virologists who were involved with the polio and SV-40 fiasco from the moment go, Melnick and Butel replied and chided the authors for not using the proper specimens and testing the proper individuals, at least by their very self-serving perception, disregarding the "meat" of the study, the very strongly suggested association between SV-40, polio-vaccine and tumors. The authors of the original article replied explaining the technical whys of their selection of samples and specimens, and added that, upon revising their data they corrob rated that the increased risk of developing leukemia was also statistically linked to the vaccines. They said that the risk period for both neurologic tumors and leukemias was predominantly noticeable for mothers inoculated in the years 1960 to 1963 and that that strengthened the association with the *killed* polio-vaccine.

The most interesting part of this is that the issue of SV-40 as related to tumors and vaccines, was resuscitated 30+ years after the vaccination program was started, without any overt reason for this sudden rekindling of interest in such a long-forgotten event. Also, it is peculiar that, if such a thought-provoking article was written, extensive coverage was not given to it in the popular media. Israeli health professionals and authorities might have been mighty interested in the issue, since that small country has the highest *per capita* incidence of brain tumors in children.

The incidence in the American study was 1 tumor in 2500 offspring (and we don't know at what age they stopped the surveillance). That would make 70 cases in a city with 180,000 vaccinated mothers and 700 where 1,800.000 were inoculated, not a number to sneeze at! Ralph Nader, where are you?... do you see what I see?

CANCER: A VIRAL DISEASE TRANSMISSIBLE, CONTAGIOUS AND PROBABLY INDUCED BY ONCOGENES IN CONTAMINATED VACCINES?

As our understanding and awareness of a subject broadens, scientific truisms may come and go. According to our present information, the ***human program*** or ***genetic message*** is encoded in arrangements of specific commands for hair-color, body-height, etc. These units are called ***genes***. The sum total of the genetic messages (genes) in the nucleus of the cell is known as the ***genome***. Specific sites on the genome are known as ***loci***, which is the plural of ***locus*** (a single site or location containing a specific sequence of genetic material). The genetic code is a language and in it the sequences of genetic material are placed in a certain order, just as the letters of a name are spellt according to the particular rules of that language.

It has been known for some time, already, that when certain well identified sites in this *genome* (*loci*) are changed (*mutated*) a certain way, by realigning the DNA arrangements (*sequences*) that regul- ate them, they can turn on a malignant process.

GENE: Each specific message (hair color, height, etc.).
GENOME: The sum total of genetic messages in the cell
LOCUS, LOCI: Site, sites, where a specific command for a process is located.

While the genome and the genes remain in their assigned locations or loci, and are properly regulated according to a primal Plan, functioning harmoniously, they produce that state of being that offers maximum order, minimum entropy and purposeful function: this, we know as *health*. Not all loci can become cancer promoters. Those which by deregulation have that cancer promoting potential, become known as *proto-oncogenes*: at this stage they are like a bomb with the fuse untouched. When they eventually have been mutated,

the *fuse* ignited and they can actively induce the changes known as malignancy, they are called *oncogenes.*

PROTO-ONCOGENE: Locus that can form a cancer producing gene, if it is modified
ONCOGENE: Modified, cancer producing gene, most probably the origin of ALL cancers

Many human oncogenes have been identified...Some of them are present in a significant fraction of human tumors independently of their clinical manifestations. An example of this is the family of genes known as *RAS.* Other families (*ABL, MYC*) are activated in specific forms of human cancer.

After a thorough analysis of the information that has fallen in our hands upon doing the research of the "AIDS" *fantasy,* I became convinced that all malignancies were due to the introduction of foreign genetic material and foreign body fluids, and that the most common form in which this might occur was by the inoculations called vaccines.

After working on this concept for two years and finding myself rather alone in this field, I was delighted to discover that "At the annual ACS Science Writers Seminar, Dr. R.W. Simpson of Rutgers University, warned that "immunization programs against flu, measles, mumps and polio may actually be seeding humans with RNA to form proviruses which will then become latent throughout the body ... they can then become activated as a variety of diseases including lupus, cancer, rheumatism and arthritis". {R00290/p.142}

But we must learn more and more about oncogenes...

WHAT IS THE ONE AND ONLY ONE "INDUCER" OF A CANCER?

While the vested interests of Establishment Medicine promote the concept that the causes of cancer are many, the variables are too diverse to permit us to pin them down, etc., etc.", the specialists are well aware that one and only one element will permit a cell to become cancerous: a genetic command in the nucleus (a gene), that can induce a malignancy (oncos). This command, and its physical counterpart, the gene, is known as ***oncogene***.

CANCER IS COMMUNICABLE, CANCER IS A TYPO!? THE EVIDENCE...

Many other elements (*poisons, hormones, deficiencies, electric and radiation pollution*) may ***activate*** such a gene, but no cancer will develop if the genetic program had not been modified, with the presence of such an *oncogene*.

What are the sequences in an *oncogene*? Certain sequences in cellular nuclei are extremely similar or practically the same as sequences contained in cancer producing viruses. The research soon proved that

CELLS OF ALL VERTEBRATES CONTAIN COPIES OF DNA THAT ARE CLOSELY HOMOLOGOUS TO THE TRANSFORMING GENES OF EACH OF THE ACUTELY TRANSFORMING RETROVIRUSES.

Dr. Timothy O'Connor, now one of the high priests of "AIDS", made a presentation on the subject at a meeting devoted to Oncogenes and Retroviruses that took place in 1982.

He obviously loved hyperbole, stating that "My task is to provide an overview of some of these development and some of the technologies and techniques employed. For the specialist it may provide an opportunity for distinguishing the wood from the trees, or at least, a period for quiet trascendental meditation."

But, after that, philosophy yielded to money, and the information was kept behind closed doors...One important feature of these cancer generating viruses is that they affect the cellular chemistry. Without tending to make this a highly technical treatise on molecular chemistry, it is interesting to acquaint oneself with some of the chemical variations occurring in malignant cells.

It has well been said that ***the essence of science is to discover identity in diversity***, it is precisely this diversity which will teach us the ultimate causes and origins of disease.

Cellular proteins are very important components of the body, and may give interesting clues to malignant processes. They may be studied many ways: one commonly used is to find out their molecular weight and call them by the prefix *p* (for protein) and a number which is the molecular weight divided by 1000. (A protein with a molecular weight of 15000 would be called *p15*) . One cellular protein, *p53*, appears in large amounts in malignant cells, 10 to 100 fold of normals. The first discoveries of its antibodies were made in 1979 by various researchers, they were "detected in animals bearing simian virus 40 (SV40) induced tumors". Here is an interesting case of antibodies to a typically malignant protein appearing when our already sadly well known simian virus 40 (SV40) is somewhere in the picture. (R00330/p.159)

What was even more peculiar is that other tumor viruses, no matter whether DNA or RNA in nature, also resulted in cell lines expressing the p53 protein, even the use of chemical carcinogens or radiation. Further tests proved that some parts of the protein could cross-react between species, and other parts were quite specific. It was found that a methionine containing substance (methionine tryptic peptides) in this protein was practically identical for all species (which of course would cause cross reactions with any tests that would identify such a substance.

WHAT ARE OUR CLUES TO THE CONNECTION BETWEEN VACCINES AND CANCER? SV40 VIRUS GENERATES PROTEINS THAT ARE FOUND IN MOST MALIGNANT CELLS

Let the reader remember that SV-40 and adenovirus are organisms present in some vaccines as contaminants, in others as integral part of the vaccine. It is of great interest to those concerned with the potential connection between SV-40 virus as a vaccine contaminant, and the development of our human epidemics of cancer and immunodeficiency diseases, that proteins occurring in mouse cell lines that have been transformed (rendered malignant or premalignant) with SV-40 or adenovirus, they are associated or complexed with the viral tumor antigens, the very same ones that cause malignant transformation. These proteins, known as p53 (a protein of molecular weight 53.000, are discussed elsewhere in this book). Not only does SV40 increase the presence of p53, but the T-antigen (an SV40 tumor antigen) appears to stabilize our dangerous p53 protein, where it has a longer half-life.

There is a hidden magic in numbers, and often a clue. The medical world remembers a certain year as the one in which the USPHS and the polio vaccine program. started. The Platters were singing very sweetly, and it was 53 (1953), just like p53, that came with the poisoned needles...

SV40 continuously attracts the attention of researchers and the findings become more and more fascinating as the close connection between this simian virus and the development of malignancies becomes apparent.

**THE MAIN QUESTION TO BE ASKED IS WHY p53,
AN IMPORTANT CLUE TO MALIGNANCY
AND A CLOSE LINK TO THE VACCINATION RISK FACTOR
EXISTENT IN THE WHOLE POPULATION
HAS BEEN OVERLOOKED AND NOT POPULARIZED.**

Virus reproduction, just as cellular multiplication, depend basically on the formation of DNA. Protein p53 and the protein of an adenovirus (*Elb-58K*) are "both involved in the replication of viral DNA... and both viral proteins can modulate the levels of several early viral gene products during productive infection". (ONCOGENES AND RETROVIRUSES, p.162)

In a test studying the production of p53 in human cells transformed (made malignant/premalignant) by SV-40, the contaminating virus that was present in our polio and other vaccines, these cells, technically called "SV80", had 2000 times more p35 protein than normal cells.

Other technical names also hide ugly truths. IB4 (I before?), which are "normal human cord lymphocytes transformed by EBV" (Eps-

tein Barr, the Yuppie virus) had 8 fold increases of p35. *Raji cells* (the innocent technical name of ***human malignant cells***, "an EBV" (Epstein Barr or Yuppie disease) "positive ***Burkitt lymphoma*** cell, had a 60 fold rate of the tell-tale p53.

Although the ultimate function of p53 is not completely clear, Dr. Arnold, J. Levine and his colleagues argue that "The increased levels of p53 detected in tumorigenic and transformed cells could in some cases be causative and in other situations reflect...altered growth control. The net result is the higher levels of p53 detected in the human transformed or tumorigenic cell lines...might then reflect different primary events leading to altered cell growth and resulting in higher p53 levels than detected in normal WI38 [Wistar 38, primary human fibroblasts in culture] cells. Whatever the role of p53 in regulating cell replication, it appears that the function of this protein in the cell cycle could be important to our understanding of normal and abnormal cellular processes". {R00330/p.166}

CHAPTER XXVII

THE CELLS OF IMMORTALITY

THE HeLa CELL (OR, HOW DO YOU LIKE CANCER SOUP FOR LUNCH?)

We often affirm that *you are what you eat.* A joke is commonly made about the dangers of this, for what can you expect of people who eat fruits and nuts? With this in mind, how would you react to an offer to taste a unique recipe made from flaked-off monkey kidney cells which have been mixed with cells derived from a human malignancy? Whenever I give a talk I describe this *soup*, and then ask for a showing of hands, to find out who would voluntarily swallow this or give it to their kids. My audience usually responds with emotions ranging from disgust and irritation to terror and anger, at the thought. That is when I tell them that they have already tried such a repulsive concoction. How could this actually happen?

ALL YOU WANTED TO KNOW ABOUT HeLa CELLS AND DID NOT DARE TO ASK

Biological tests have many and varied requirements for their performance. Those involving the use of viruses and genetic materials not only must be done with the help of living tissues, but often need standardized growths of cells in layers, that can be characterized, identified and that have predictable, definitive features. Until the development of the techniques still used nowadays, there was one serious impediment to this type of scientific research: human cells usually refused to grow into layered sheets when seeded or explanted under laboratory conditions. In the late forties and early fifties researchers were desperately looking for a line of cells that would remain alive under cultivation conditions. To their dismay, all specimens would falter and die after a short time. Their commonly used technique, suitable for the reproduction of animal tissues, did not work well for human cells. Even the extremely grizzly approach needed to secure fresh placenta blood (being summoned by a bell to the delivery room of Johns Hopkins), did not solve the problem.

The answer to the mad researcher's prayers came in 1951, according to Gold. We only know that this is the story he was told, not whether this is the actual way in which it happened. As it goes, one group, while working at the Johns Hopkins Hospital in the city of Baltimore, came across the tumor cells of a malignancy of extremely active growth characteristics. It was precisely this tumor that had taken the life of a black woman called *Henrietta Lacks.*

Researchers from a group headed by *George GEY* (Ah! The irony of names...), he says, seeded glass laboratory bowls (*Petri Dishes*) with the tumor cells stemming from the mouth of Henrietta Lacks's uterus. To their surprise and delight, the cells not only survived, but seemed to thrive under the conditions they were offered. Grow and be fruitful had triumphed one more time. With a flair for the macab-

re, Gold describes the rather unappetizing scenario as follows: "Dining on clotted plasma, chopped beef embryo and the blood from human placentas, the surviving cancer cells from Henrietta Lacks were living quite comfortably --thriving, in fact-- in glass tubes in George Gey's lab."{R00160/p.21-22}

The Geys believed in sharing their good fortune with others. One of the chapters in Gold's book, bearing the very apt title of "HeLa-gram"{R00160}, describes how the indestructible cells were shipped by air, land and sea to different parts of the world. Researchers could not believe their good fortune: "a cell line that held in the lab was what everyone had been hoping for, of course, but one that could endure handling by the U. S. Post Office was a blessed miracle." {R00160/p.23}

Oblivious to the potential dangers they might encounter in an as of yet uncharted territory, but keenly aware of the high prestige and financial potential of their research, many laboratories used human flesh to beef up their culture operations, to keep up with the demand and started "passing around HeLa cultures the way McDonald's shovels out its burgers and fries"{R00160/p.24} These cells with their overpowering growth characteristics were not only shared in the U.S.A., but shipped to places as remote as Turkey or Chile [even backpacked], and would eventually travel to space aboard the Discoverer XVII satellite. According to Gold, to cancer researchers it was their answer to the "long-sought tumor in a test tube." {R00160/p.24}

Indiscriminate distribution of such delicate material had to be dangerous, because nobody knew why HeLa cells grew so readily or what effects their unchecked disposal into the environment could have on such an explosive product. But when investor green beck-ons, fools run where angels fear to tread. And money happens to always be greener over a cesspool...

In the meantime, polio research grew by leaps and bounds fueled by the fertile HeLa industry, and a vaccine was carelessly unleashed at the public with viruses that "multiplied a millionfold"{R00160/p.24} in the everloving ovens of *HeL(a)*. The polio vaccine was injected into millions of human beings, who were not informed of the fact that the inoculations did not only carry the genetic components of poliovirus, but also all manner of uncharted genetic residues from the tumor cells of Henrietta Lacks. The thirty-one year old mother of four who had seldom ventured more than a few miles away from her native town, was posthumously making a vicarious world tour carried by the bodies of men and women all the way "from the halls of Montezuma to the shores of Tripoli".

THE INNOCENT FIFTIES WERE THE DECADE WHEN MUTATIONS SERIOUSLY BEGAN

Disaster gradually struck. The first symptoms were discovered several years later, when established lines that had certain characteristics commenced to lose them and human cells turned into mouse cells or rabbit cells turned into monkey cells. As I reread what I was reporting in the previous lines I can't but admit that it sounds like the plot of a cheap science-fiction publication, but it is unfortunately much more science than fiction, and infinitely more dangerous.

At that time, bureaucrats and scientists decided to create a worldwide repository of well identified cells and set up a type of Central Bank "a Fort Knox for cell cultures" {R00160/p.26} The safe-house would be the establishment of a private supplier, the *American Type Culture Collection.*

Eventually, however, also cell lines carefully housed at this repository, presumed to be clearly identifiable tissues, were also found to

be contaminated with HeLa. And when in 1966 Stan Gartler, a geneticist, discovered a system to further narrow down careful identification of cells, by measuring certain very distinctive enzymes contained in them, he was not necessarily accepted with fanfare and open arms, but incurred in the ire of the cell culturists because soon it became much easier to prove that HeLa had taken over yet another culture. A variant of the normally occurring enzyme G6PD, usually only present in the cells of a certain percentage of black people, *G6PD isoenzyme A*, was now also surfacing in the cell cultures that were allegedly grown from cells donated by white people.

One researcher who dared to present some of these disturbing discoveries was Dr. Coriell, when he told the attendees and speakers of the 1967 NCI Seminar that "Gartler's studies with glucose-6-phosphate dehydrogenase (G6PD) mutants in human cell culture indicate that most established heteroploid human cell lines contain the type A variant of G6PD which is found in some 35% of American Negroes [sic] but not in the cells from *Caucasians*. The HeLa cell culture originated from a *Negro* [sic] and has the type A variant, and this suggests that ***most of the human heteroploid cell lines in tissue culture laboratories have actually been contaminated with HeLa cells*** [emphasis added]...[Their own] studies confirm the observations presented by Gartler. Coriell's group apparently found only one strain in 41 that was not contaminated.

In perusing Gold's book it is obvious that the scientists were aware of this phenomenon, but that spurred on by the ***Great Old Wizards of HeLa lore,*** decided that the spread of *HeLa* had occurred in only one manner, at the physical plant of the laboratory, by dish to dish contamination, and did not consider, or admit to considering, that by administering the polio vaccine which contained *HeLa* material, we could, potentially, have contaminated the living, walking cell cultures which we call human beings, with foreign DNA. To continue

the analogy, we were even "rocking and rolling" them day in and day out, just as cultures are "racked and rolled" in the labs.

WAS THE CELL CULTURE AND VACCINE BUSINESS INFORMED OF THIS DANGER?

Certainly yes! At the 1967 NCI meeting a few very revealing conversations took place, which dealt with this problem.

Dr. C.S.Stulberg presented a paper on the subject, followed by some urious commentaries made at the General Discussion, and probably ever intended to be officially admitted to by the individuals that ade them, implicitly admitting that as certainly as a GIDEON BIBLE is to be found in the drawers of the majority of American hotel and motel rooms, *HeLa* cells inhabit the laboratories of practically all facilities which deal with cell cultures, anywhere in the world.

The participants noted in the following quotes are:
Dr. Robert E. Stevenson, at that time at the now sadly famous Union Carbide Corporation in N.Y., and Dr. L. Coriell, then at the Institute for Medical Research, Camden, N.J., who were addressed individually.

--"Dr. R.E.Stevenson: in 1966, at the Bedford Springs Tissue Culture Conference, Dr. Gartler presented information on the G6PD isozyme background of an established cell line. Has this work been carried further so that any determinations have been made now as to whether these cell lines are indeed from the same source or are different? I throw that open to the group for discussion"-- {R00290/p.???}
--"Dr. L. Coriell: I might respond to that for the cooperating laboratories of the Cell Culture Collection. Since last year, three laboratories have confirmed Dr. Gartler's report that G6PD isoenzyme variant type A is present in virtually every heteroploid hu-

man cell line that we all use in the laboratory. Whether this means that many of these cells have been contaminated by HeLa, I don't know. HeLa does have the abnormal isoenzyme and it is present in only a small percentage of colored [sic] people. To confirm that many human cell lines are actually HeLa variants will require more work with other enzymes that Dr. Ruddle described earlier. But on the basis of G6PD studies alone, as I will show later in my paper at this Conference, ***most of the heteroploid human cell lines resemble cancer [emphasis added].***"--{R00290}

A fearsome thought arose in me upon reading this part of the book. Without presenting this as an indisputable conclusion,could it be that the HeLa contamination of cell cultures found in laboratories came not only from improper procedures using contaminated laboratory equipment in commercial labs, but from the presence of such traits in the cells explanted or seeded in those cultures, cells which came from vaccinated individuals and animals who were carriers of HeLa cells? After all, the G6PD marker, until then limited to blacks was now appearing in the cells of some Caucasians, particularly if they were afflicted from leukemia. The leukemia can, of course be associated statistically with polio vaccine campaigns, and both disease and vaccine were now carrying the HeLa trait, and, maybe, the SV-40 and other leukemogenic viruses.

THE TELL-TALE WANDERINGS OF G6PD
WILL BEAR WITNESS TO THIS LETHAL MISTAKE
FOR GENERATIONS TO COME

BE CAREFUL WHAT YOU MAY "WISH" FOR, FOR SURE ENOUGH YOU MAY GET IT!

One of the ironies of the HeLa contamination story, was that one of the cell culturist's own daughters' tissues had been used to grow one of the cultures called *WISH* (*Wistar Institute, Susan Hayflick*), and this culture also was now carrying the black ethnic marker. Dr. Hayflick was, reportedly, not amused.

Nobody could explain, justify or brush away these unpleasant realities. This was quite embarrassing. The medical establishment, used to have to explain away embarrassing findings, proceeded to employ the usual approaches to deal with such a situation: Gartler's integrity and ability were questioned and according to Gold, he was ostracized at the meeting to the point of being left to eat his lunch alone. One young researcher from California, though, understood his work and admired his courage. His name was *Walter Nelson-Rees*. Gold proceeds to detail Rees' bio, of which one detail really puzzles me, because of its unusual ring in an already suspicious affair: one of his previous jobs was as participant of the Army's Biological Weapons Program, at Dugway Proving Ground in Utah, where he began working in 1952, and where he remained for 3 years. At that time he acquired his citizenship and changed his name, and finally headed to Berkeley where he acquired a doctorate in Genetics.

One of the important points that the HeLa fiascoes brought to surface, is that this genetic material was probably at the bottom of a fundamental concept in the origin of cancer. If while working on your computer it would suddenly display a general ledger screen instead of a letter format in the word processing mode you may have been using, you would wonder what key you my have hit, or whether that computer had a ***virus***. Researchers had always observed that animal cells burst *spontaneously* into a malignant mode, yet they

did not question the potential underlying cause, but simply referred to it as *spontaneous transformation*. Such transformation was never seen in human cultures until the late 1950s and the 1960s which coincides in calendar time with the development and spread of the HeLa cell lines. Much money and time had been invested in studying this *spontaneous transformation*,as well as indetermining growth and biochemical characteristics presumed to be germane to the human cancerous cell, and yet the information that ensued the application of the enzymatic techniques of Gartler, finally was only information about HeLa masquerading as a diversity of others.

The awareness that they had been chasing rainbows, instead of monochromatic cells, if such a parallel may be drawn, seemed tragic to those who had invested many years, much money and, especially, their reputation in developing specific cell cultures. Cyril Stulberg of the Child Research Center in Detroit summed up this catastrophe by telling Nelson-Rees in a letter he sent him that he saw "15 years of work go down the drain." {R00160/p.36}.

The fabled wanderings of the HeLa cells received an unexpected bout of attention when the Soviet Union offered the United States what they represented as six individual specimens of cancerous tissue from humans containing viruses which were the originators of human cancers. Yet, one more time, scrutiny brought out the real culprit, and HeLa was present anew. Nobody knew when, but the conclusion was that HeLa had slipped into the Soviet Union sometime before this fiasco. The year was 1972...Various possibilities were debated, none very probable. Yet, why was nobody addressing the logic approach, that if the patients from whom the cancer cells had been removed would have themselves been contaminated with HeLa, then the cells of their malignancies would contain HeLa traits. Contamination, of course, had ample opportunity of occurring, when all of mankind was inoculated with the vaccines that were grown on

HeLa or HeLa contaminated.

"WAR ON CANCER"

THE CONSTANT SPREAD OF CANCER: NONE DARE CALL IT AN EPIDEMIC

While Americans and citizens of the rest of the World were dying of a raging ***epidemic of cancer***, which had mushroomed in the last eighteen years, in 1973, Richard Nixon was mounting his WAR ON CANCER at his headquarters, the National Cancer Institute in Bethesda, Maryland, a building nicknamed "'the Purple Palace', for the mauve carpeting and upholstery that adorned its outer lobby" {R00160/p.41}

The fiasco with the *HeLa* cell contamination, especially the contamination of the specimens provided by Russia had caused great confusion and upset the petty politics played through the world of research. The concern was so great that the second in command at the NCI, John Moloney, personally got in touch with Nelson-Rees. For the reader to understand what a direct phone-call by Moloney could have meant to Rees (Moloney being only one step below the Director, Dr. Rauscher--directly appointed by the President), Gold compares it to "a sixth century foot-soldier getting a call from Sir Lancelot)"{R00160/}

The "cancer diplomacy" continued on November 12, 1973, with everybody assembled around the round, excuse me, oval table of conferences, where presentations were made, later on followed by private conferences which culminated with an invitation to Rees to

visit the Soviet Union and talk to their scientists. Meanwhile, at the ranch..., in the U.S., that is, Nelson-Rees had trouble publishing his research and only succeeded in having it printed after a delay of two years in the JOURNAL OF THE NATIONAL CANCER INSTITUTE. Nobody likes to deal with matters which could embarrass the researchers of Establishment. Their toes are very sensitive, if stepped on, and their anger is easy to be kindled!

WHAT ARE THE KNOWN CONSEQUENCES OF HeLa AND WHERE IS SHE HIDING OUT?

In 1974 the media finally gave appropriate coverage to Nelson-Rees's publications of Gartler's original discoveries. The press caught on because a story about his article appeared in the English issue of SCIENCE on June 7, 1974, where the author, Barbara Culliton stated that a lot of people might have been wasting time and money in misguided research. This is easy to understand even for a layman, for if a doctor is studying what he presumes is cancer ontissue, and the cells are actually HeLa, his data become useless. The media, saturated with news about "the war on cancer" realized that we had sent brave recruits against the enemy, yet they were "shooting with blanks" {R00160/p.73}

Nelson-Rees tried to alert them that the problem was not as much the physical contaminant, as that the weaknesses were "'more lasting and insidious'"{R00160/p.74} having to do with "'frailties of the human ego... exigencies of profit margins...threat of cuts of support in contractual arrangements.'"{R00160/p.74} Researchers often shun away from calling a spade a spade when it comes to reluctance to admit mistakes, and the public often did not know what to make of such a direct approach.

The losses in research money were staggering, and it is impossible to say, at present whether cultures were contaminated without the

knowledge of the scientists, or whether some of them may have deliberately used contaminated cultures to ensure success in the development of very profitable cell lines. Gold comments that Rees should have carried a professional accountant with him "to assess the piles of spoiled research he had dug up and left rotting in his wake." {R00160/p.87}. As would be expected, "The bureaucrats at the National Cancer Institute never tried to survey the wreckage, and they probably would have failed if they had attempted it."{R00160/p.87}
Our now very suspicious minds must evaluate the information provided, and decide what it has to mean to us:

1.-MODES OF POTENTIAL CONTAMINATION

"When the *impossible* has been definitely ruled out,
the *improbable*, however *incredible*, must be true"
SHERLOCK HOLMES, Arthur Conan Doyle

A.-USUAL SCIENTIFIC POSSIBILITIES

a.-Cells are contaminated in the lab, in the Petri dishes or tubes;
b.-Cells were carrying the HeLa traits ***before*** being placed in the laboratory, their donors contaminated by vaccinations;

B.-ESOTERIC POSSIBILITIES

c.-Cells were deliberately sabotaged or substituted;
d.-Some forms of electromagnetic transmission of genetic traits, as described in *fringe* publications, attributed to some Russian researchers, took place;
e.-A frequency of undetermined characteristics became present in the environment in 1951, permitting Henrietta Lacks's and other cells to reproduce in cultures;
f.-Other;
g.-a combination of the above.

2.-OCCURRENCE

a.-by design;
b.-by blunder;
c.-a combination of the above.

Only the diligent research of those to follow will tell what has happened. Maybe we'll never know. But it has happened, and a highly cancerigenic substance has made its way into the lab-cultures that rack and roll in the (not so) sterile halls of Academia, and into the unaware, but much more dangerous *living, breathing,* cell cultures, which, stored in black, white, yellow or brown skin enclosures, thermostatically controlled at 98.6 average temperature and self feeding and cleaning, rock and roll on the sidewalks of New York, East-side, West-side, and other such places.

WHAT DID HeLa DO TO RESEARCH?

After the SCIENCE article broke the prolonged cover-up about the unconscionable laboratory snafu, "the daily press knew how to handle this story. So what if SCIENCE buried Nelson-Rees's report in the back pages under the stodgy title '"Banded Marker Chromosomes as Indicators of Intraspecies Cellular Contamination"'. The newspapers, properly horrified, played it on page one with headlines more to the point."{R00160/p.71}

They concentrated on the financial notion that cancer research had suffered a setback and that the goof had cost 20 years of research. Gold's book quotes from the LOS ANGELES HERALD EXAMINER and the MIAMI HERALD as well as from the SAN FRANCISCO CHRONICLE.

HeLa Cells were now found in cultures the world over. According to Gold, many cell culturists were angry at Nelson-Rees, and accused

him of publicizing his findings only to self aggrandize himself and become the Billy Graham of cell-culture. Relda Cailleau, initiator of a cell line derived from a lung culture called *MAC- 21*, confronted him at a meeting of the Tissue Culture Association which took place at the Queen Elizabeth Hotel in Montreal and screamed at him, accusing him of being a vindictive assassin, out only to wreck people's reputations.

Other cell lines that were now carrying the HeLa traits were cells SH2 and SH3, used in the study of breast cancer. They were both found to carry the G6PD trait (the enzyme germane only to blacks until the HeLa-Gate), although they were reported to be of Caucasian patients.

Although these and other cell culture characteristics may seem only academic to the public, they must remember that it is precisely these cells that underlie drug tests and other medical experiments, where the end result of the study may be strongly affected by the characteristics of cellular enzymes. If these cells are totally different enzymatically from the cancers of everyday humans, the purported benefits of a substance or a test may not be forthcoming, or, even worse, be replaced by serious side effects.

Because of their administration to humans, however, the most potentially dangerous hiding place of HeLa, though, are those cells that were used and are still being used to make biologic products. They were the original substrate of the polio vaccine, and their genetic traits had ample opportunity to move from their laboratory abode in Petri dishes and rack and roll tubes, to the living, moving cell masses that bared their arms and buttocks to the killer needles they so dearly pay for, under the false assumption that they will make men and women healthier and safe.

One may wonder if the polio vaccine tycoons were aware of the con

cern about HeLa cell contamination, and whether they bothered to inform the public that the so dreaded cells from Henrietta Lacks were part of the substrate or cultivation material on which their unholy vaccine was grown. According to Gold, the whole matter was not something that anyone would easily admit, rather, "like something uttered in a confessional."{R00160/p.91} He also mentions that Salk had his own opinion, stating that the discoveries relating to the HeLa cells were something monumental, like Fleming's recognition of what the penicillin mold was doing to bacterial cultures.

HeLa CONNECTION TO VACCINES IS HUSHED-UP
"LIKE SOMETHING UTTERED IN A CONFESSIONAL" {R00160/p.91}

Salk did not reinforce the public's memory of his early vaccine, spiked with the famous cells from ***HeL(l),*** but took an unprecedented step into the public eye from his directorship of the Salk Institute, "where some researchers practice philosophy as well as science"{R00160/p.125}, by admitting a *HeLa* takeover of his cell lines. He cheerfully reported that during one of his experiments in which he was injecting humans who were dying from cancer, with monkey heart tissue aimed at stimulating the immune system, he was actually injecting them with the unholy *HeLa* cells. He admitted that some minor tumors developed, but that these left with no further harm to the recipients. In Gold's opinion this "was the whole point of his talk: to report that even when injected directly into human beings, *HeLa* cells do not cause cancer."

"A rather bizarre conclusion to present, perhaps, except that this was a conference about the use of cells in making vaccines."{R00160/p.126}. The manufacturers of these highly profitable products have always been in a quandary: whether their "substrate", the cells on which viruses are seeded as the soil is seeded with grain, is safe or whether

there might be a chance that "the mysterious forces that give these cultures their immortality might also trigger runaway growth --cancer, in effect-- in the recipients of vaccine prepared in those cells." {R00160/p.126-127}

However callous and aloof the participants of such conferences might be, even they found, in Gold's opinion, Salk's admission to injecting patients with tumor cells, somewhat disturbing, and suggested to omit that part of the lecture from the written version of his papers, which was promptly carried out. Even they thought it "glib" of Salk to assume that there was no human danger from injected HeLa cells, just because his guinea-pig patients only developed pea-sized tumors that then disappeared, without studies to determine long term effect of these injections.

Nelson-Rees was appalled that such a mix-up could have happened in Jonas Salk's lab, for he considered Salk a "renaissance scientist: brilliant, sophisticated, driven". That this 'fantastic creature' as Nelson-Reese once described him, could be tripped up by HeLa tarnished the image considerably."{R00160/p.127-128} It served, however, to confirm that eternal vigilance was necessary to protect ourselves from the cells of ***HeL*(l).**

Nelson-Rees offered his help to unravel the mystery of Salk's monkey hearts and HeLa, and eventually was allowed to visit Salk in his laboratory which Rees described as a "labyrinth" sprawling over six stories in La Jolla, and overlooking the Pacific. But a meeting of the minds never really ensued. Maybe Salk had to be secretly fearing that someone, somewhere might look at him as I do now and say: --"Jonas Salk, Smile! HeLa, Vaccines and You are on Candid Camera..."--

IS THE PRESENCE OF HeLa IN CELL CULTURES DUE TO THE CONTAMINATION OF CULTURE TUBES OR DUE TO THE PRESENCE OF THE HeLa TRAITS IN VACCINATED CELL DONORS?

The question must be asked: Were the human cancer cells that now contain HeLa traits a case of laboratory contamination or were they at their inception HeLa contaminated cells because it is that the genes that carry the HeLa traits, incorporated into the human cell maybe through vaccines or other processes, are actually causing the malignancies in those who carry them? The fact that G6PD isoenzymes have been reported in Caucasians suffering from leukemia is a strong point to assume that there could have been contamination of the patient with HeLa traits and that this might have been accomplished via the vaccinator's needle or gun.

YOUR THEORY SOUNDS LIKE IT IS FROM OUTER SPACE!
Walter Nelson-Rees

Puzzled at what Walter Nelson-Rees's opinion about the potential connection between HeLa traits transmitted by vaccines versus HeLa transmitted via lab contamination might be, I called him on December 14th, 1990, 5 45 PM, Texas time, introduced myself, exchanged a few niceties, including a little chatter in German, and asked him whether he thought that HeLa could have entered the human body via the Salk and other vaccines integrating or camouflaging its traits into the cells of the vaccine recipients, animal and human, so that under proper cultural conditions heart cells or baboon cells might

have transformed into HeLa cells. He thought a little about my question, and suggested that there were "Y" chromosome deletions and the enzyme aberrations that he felt could not be explained in this fashion. I then said that my hypothesis was that such traits might have integrated into the human genome with the aid of a vector, as is done in the genetic engineering industry, and that this vector would have been *constructed* from SV-40 and other viruses as has been well proven to work in making recombinant DNA. I mentioned the fact that certain whites who had leukemia also showed presence of G6PD isoenzymes. At that moment Dr. Reese became very animate, assured me that SV-40 was ***not*** in all original Salk vaccines, insisted hat whites ***never*** had G6PD isoenzymes (only 20% of all blacks), nd very emotionally told me that what I was proposing sounded like omething from outer space or paranoia from Ebony Magazine. I thought about the shouting match involving him and Relda Cailleau, described in Gold's book, and I kept my cool. (What he did not address in the heat of argument, of course, was whether what I was saying was right or wrong, no matter how alien it sounded to him...). After I got him calmed down, by explaining that I simply wanted his opinion, he again became very friendly, and assured me that all the HeLa contaminations had to have been from laboratory blunder (dirty pipettes, not otherwise). I did not bother to tell him right then and there that we had certainly not tested either theory, and both were probably meritorious.

In an era were GENE WARS is the real title of a book about biowarfare, not about Superman, and where *Gene Therapy* is proposed as a distinct possibility to correct genetic problems, it is surprising that scientists of Dr. Nelson-Rees' caliber do not believe in the possibility of genetic traits being incorporated from HeLa to other cells, and these manifesting, not in the initial explants, but after many passages, such as happens with SV-40. I certainly believe that Dr. Reese must find some evidence to refute the presence of G6PD in

whites, before he can call my theories "from outer space", unless this is, of course, intended to be a high compliment!

THE MACHINERY OF THE COVER-UP EXPERTS TAKES OVER

The *experts* in manipulation know that one of the best methods of smothering a person or an idea (and usually both) is by withholding vital nutriture (funding money) disqualifying the researcher, or idea.

So, Rees's days at his favorite pursuit of Holy Officer of Cellular Inquisition became numbered. Science gravitated towards studying chemical waste, as America suddenly became aware that it was smothering in a foul smelling, disease causing, chemical dump.

Nelson-Rees serious efforts to be exacting about the cell cultures started to be thwarted in many ways. An article published in RADIATION ONCOLOGY refused to mention HeLa problems stating that such information was "'cell culture folklore'". [illegible] Nelson-Rees's Oakland team retained enough power in the late '70s to demand all type of explanations from researchers who used cell cultures. They celebrated their powers of investigation and prosecution when one lab at Penn State was severely criticized by Bob Stevenson from the American Type Culture Collection labs for not being specific about their use of HeLa contaminated cells, by giving Rees a small gardening tool labeled 'official muck rake'" [illegible]

These last shows of power were followed by ominous news of budget cuts at the Oakland institute and for Rees's lab. At the same time the winds of R&D green were shifting towards the more rewarding fields of genetic engineering and the cell cultures changed their route from viral labs to recombinant production.

WHEN MEN PLAY GOD, CONSCIENTIOUS RESEARCHERS GET IN THE WAY

When big business gets their hands into a project, the "love of money" generates all manner of evil. Researchers as well as regulators learn conditioned responses which "are profoundly influenced by the needs of industry,...[which]...is neither accidental nor particularly controversial. It is by design [and] the biotechnology industry is no exception."{R00380/p.194}

1981 the *cell-hunters* were triggered off by a statement from enentech, the company that stakes its fortune on the making of combinant substances such as interferon. At a conference in San rancisco "which, unlike most scientific conferences... was crawling with corporate researchers"{R00160/p.141}, this giant company of the genetic engineering industry announced that it tested its interferon on "WISH' cells. Nelson-Rees remembered these well (*Wistar Institute Susan Hayflick*), the cells of one researcher's daughters contaminated by HeLa. He was disturbed not so much about their use of HeLa to test interferon, as by the general principle of lack of accuracy, negligence and laissez-faire that pervaded the industry. He could not conceive how these researchers were playing around with such delicate balances, when they "barely had a clue about which of thousands of individual genes directed this function or determined this characteristic...had only lately found out about the oncogenes... that usually sit dormant upon the human chromosome but may under certain conditions [and] in certain cells 'turn on' and trigger cancer." {R00160/p.142}

Nelson-Rees, a man of science and a perfectionist knew that although that was probably a bad time to throw in the towel, he had to do precisely that. He had learned that his perspicacity invited enmity, not friendship and Gold quotes Jim Duff saying that Dr. Rees did not feel fully appreciated for his efforts, because Nobel

Prizes are not awarded for finding out those things that were wrong.

So Nelson-Rees closed down his lab and decided to spend his efforts on an art gallery he was running out of his home. The scientific establishment decided that their level of enlightenment required no further policing of cells, and, in Gold's words "With Nelson-Rees off the scene, that was all they could do: hope that nothing went wrong." {R00160/p.145}

Rees has arrived at the same conclusion I have, regarding many unchecked blunders and mistakes, that such are "helped along by a certain human element in science, an element connected to emotions, egos,...reluctance to admit mistakes...unwillingness to throw away hours and hours of what was thought to be good research, worries about jeopardizing another grant that's being applied for, the hurrying to come out with a paper first."{R00160/p.151}

WHAT IS A SCIENTIFIC HeLa?

Wade Parks, who exposed the Russian cell contamination in 1972, sums this attitude up in calling certain scientific claims *HeLas*. He states that "'A HeLa...is a scientific claim that sucks people into a line of work for a while, a line that is later refuted or shown to be a waste of time. It's a type of error in science that occurs fairly often. And it will continue to exist."{R00160/p.151-152} To which I would like to add that this only can exist when people with more money than sense are suckered into financing nonsense out of sheer greed or vanity.

AN UNUSUAL WAY TO WRITE AN ACRONYM

Cell cultures are usually named by acronyms formed from the

names of donors, a numbering system, or otherwise. So, WISH cells are Wistar Institute, Susan Hayflick, BHK are Baby Hamster Kidney, etc. It is unusual to see an acronym containing more than one letter from every name, and even more unusual to see the bizarre combination of upper and lower case letters as we observe in the name "HeLa". We must wonder whether in this world of cell-culture, where the researchers seem to borrow not only from science but *sceance*, and even witchcraft, the deliberate choice of *HeLa* instead of *HL* cells was to conceal that these cells were not from a deceased human woman, but rather genuine cells from H(e)L(l)!

CHAPTER XXVIII

PEACE IS MORE THAN AVOIDING *ARMED* CONFLICT

WHAT IS CHEMICAL-BIOLOGICAL WARFARE (CBW)?

It is the deliberate use of chemicals and/or disease causing organisms to incapacitate, harm or kill living creatures (plants, animals or humans).

Despite the fact that killing is cruel, and death and maiming causes unmeasurable human suffering and pain, irrespective of how such killing occurs, a universally held belief, strongly reinfoced through media propaganda, is that causing death to the enemy by the use of chemicals or biologicals is far more immoral than causing it by fire-arms or swords.

Causing death to the enemy by the use of war hardware is, of course, of great benefit to those who manufacture guns and bombs, planes and tanks and other such murder devices.

Of course, other manufacturers make money from chemical and biological weapons, so although nation after nation decries CBW, and swears not to be engaging in this practice, it is alive and well on planet Earth.

According to Robert Lederer's "Chemical-Biological Warfare, Medical Experiments, and Population Control"{R01760/p.33} "U.S.CBW has been used primarily for counterinsurgency operations against Third World peoples struggling for self-determination, and destabilization of Third World governments which have thwarted U.S. domination....It has been directed in direct attack against various adversaries; early records take us back to as early as 1763, when white colonial settlers gave smallpox-infected blankets to Native Americans who sought friendly relations. Many died as a result." {R01760/p.33} his tactic was repeated during the "Trail of Tears" of the 1800s.

The examples are numerous and abhorrent, and my mind entertains the possibility that even the great flu pandemic that swept the planet in 1917-1919 was a result of deliberate or accidental biologic accidents: soldiers as carriers of innumerable and unpredictable microorganisms, transmitted by what was called serum therapy and prophylaxis,crude vaccines administered to people who were immunosuppressed by the administration of so many antigens, as well as by host vs.. graft reactions to the serums, and by the use of *lindane (Kwell)* and other parasite-killers.

Not only is CBW unhealthy for its victims, but can seriously endanger those who tell the ugly truth. "In 1958 the Eisenhower administration pressed sedition charges against three North Americans who had published the germ warfare charges in CHINA MONTHLY REVIEW, John W. Powell, Sylvia Powell and Julian Schuman, but failed to get convictions."{R01760/p.33}

An interesting connection between CBW and viral illnesses, including "AIDS"" is derived from the reported infestation of Cuban pigs with African Swine fever in 1971 and 1980. African Swine Fever virus was found in some "AIDS" cases and the researchers that worked in the perusal of such connections found themselves attacked by academia.

Some researchers believe that one of the most dangerous places on Earth, because of its biologic weapons against livestock and foodplants is Plum Island, N.Y., where exercises in biowarfare as described above, are allegedly practiced.

EVIL SO GREAT IT IS IMPOSSIBLE TO UNDERSTAND

It has often been asserted that what perpetuates a conspiracy is the inability of the public to fathom such monstrosities. The average man or woman who works their fingers to the bone to provide for their loved ones, and saves up a whole year to give their children a joyous Christmas is unable to envision that someone could masterplan Dachau or Jonestown while basking on a beach at the Riviera.

CONSPIRACIES ARE EASY TO CONCEAL
AND PERPETUATE
BECAUSE OF THE INCREDULITY OF THE PUBLIC

One of ***the most common arguments offered to oppose my information or to prove that my theses are incorrect***, is that the listener does either not believe in conspiratorial theories or partakes of the faithfully defended notion that "if someone is out to commit genocide he would certainly not admit to or be vocal about it."

Have we forgotten the lessons of history? Has no one read MEIN KAMPF by Adolf Hitler?

In total opposition to their self serving naivete, which promotes such delightful sense of security, there is abundant evidence of publicly held yen (and dollars, forgive the pun) for genocide. A few isolated examples follow for simple illustration.

"VE VILL" CREATE A PERFECT "VORLD"...HITLER'S DREAM AND DELUSION...

"the law's delay,
The insolence of office and the spurns
That patient merit of the unworthy takes"

HAMLET, Scene 1:56 William Shakespeare

THE HUMAN BEING AS A "RESOURCE"

To most of us, the thought that humans might be watched by scientists as they watch guinea pigs in a cage, is unconscionable. Yet we have often declared that humans were animals. We have also held it to be acceptable that animals can be used as a resource for biological and other experimentation. We have forgotten that our words and actions can come back to haunt us.

The government must render lipservice, at least, to protecting the people. So, firms often express dissatisfaction with the curtailing of projects that enrage some groups and offend their morals. Recent complains are the "Reagan and Bush Administrations'[sic] ban on federal funding for fetal tissue research...the current paralysis

gripping contraceptive research in general --and studies of abortifacient RU-486 in particular-- brought about by vehement groups that deem such drug therapy immoral."[R02800/p.12]

Caution is cast aside many times, when profits beckon. Large firms who make megabucks from their ventures, irrespective how harmful to the public, study the techniques that have proven successful in obtaining government funds and/or permits and enabling legislation to commit unmentionable fraud, assault and manslaughter. The Howard Hughes Medical Institute funded a recent study of that type. Some legislators are keenly aware of the money to be made from technology. Democratic Representative John Dingle held recent hearings to learn about industrial research. "A key witness was Edward Miller, president of the National Center for Manufacturing Sciences [do they manufacture science?], and industry-government consortium based in Ann Arbor, Mich. 'There is little or no understanding of its value to industry' he said. 'The vast untapped treasure of intellectual property contains riches, beyond the comprehension of most business executives.'"[R01811/p.14]

So, human beings may be used to watch them painstakingly while they are used unbeknown to them as test-subjects in experiments that may be called pilot projects or field tests. Vaccines to be used on humans, can only be tested on such. When they are initially given, the manufacturers have no inkling of what they can do to the recipient. Later on, only those variables for which a study or control was designed, will be reported. Long term effects are seldom, if ever, subjected to any study, and even less frequently made public.

DO YOU FEEL THAT YOUR STATUS AS A MEMBER OF THE ARMED FORCES ENTITLES YOUR GOVERNMENT TO INJECT YOU WITH LEUKEMIA CARRYING VIRUSES?

MEDICAL EXPERIMENTATION ON HUMANS: NUREMBERG 1933 OR U.S.A. 1991

The hostilities in the Middle East have been the trigger for a recommendation to inoculate American soldiers with all manner of vaccines against the hypothetical danger of chemical and biological warfare. "Public Citizen", the ***Ralph Nader*** group, has addressed an old problem that victimizes the American military personnel. The soldiers have, for many years, been involuntary guinea pigs for the benefit of the medical-pharmaceutical as well as military complexes, if not the victims of a biowarfare that the armed forces have been seduced to wage against their own personnel. A law-suit was filed in January of 1991. It is **John and Jane Doe against Secretaries Chaney and Sullivan, Federal case 91-51.**

Unbeknown to the plaintiffs, the problem is not new, because, for a long time already, these men and women have been the victims of criminal human experimentation, as they receive the *adenovirus vaccine*, a brew of *germs grown on human embryo cells* (it was previously grown on monkey cells) which reportedly should decrease the incidence of colds in the troops. This vaccine had been delicensed for human use since 1962, but is still in use for the armed personnel under the assumption that the law that governs the usage of soldiers for human experimentation is not as stringent as the legislation which governs the use of civilians for the same purpose.

This practice, which is routinely carried out under existing regulations, opens up the most incredible issues of medical ethics and law ever to face the public of this country and the world. A nation that spearheaded the efforts to punish those implicated in the Nazi abuses, and tried the perpetrators at Nuremberg, is using its young men and women for an unprecedented experiment in human abuse concealed behind the guise of a legitimate health practice.

IF YOU THINK THAT SADDAM HUSSEIN REPRESENTS A THREAT WITH HIS CAPABILITY FOR CBW, THINK AGAIN! AND THEN ASK UNCLE SAM WHAT HE MAY HAVE IN HIS BAG OF TRICKS...

I cringe every time the media talks about the Satanism of Saddam Hussein, when I think that the most despicable crime against humanity is perpetrated right here, in the home of the brave and the land of the free.

THE ROLE OF THE MD. IN HUMAN EXPERIMENTS –A LITTLE HISTORICAL BACKGROUND

Despite the fact that the real extent of Nazi activities and the Holocaust are often hotly debated, and there is much controversy as to the real numbers of injured and exterminated people, the general prevailing sentiment is abhorrence and disgust in regard to the events of the times. The most shocking element is that "doctors, presumably sworn to uphold the sanctity of life, [sent] millions of innocent men, women and children into gas chambers." {R01531/p.93}

According to available information, Nazis, viewing themselves as Aryans and a superior race, emphasized the importance of *eugenics*, a selective mode of planned reproduction, to create a German ***master race***. Men and women who were credentialized to be *racially pure*, were encouraged to mate amongst their peers, in order to propagate and selectively intensify *Aryan* traits in their offspring. People with *negative* or *undesirable* genetic traits were subjected to involuntary sterilization, by order of "special hereditary health courts...in 1934 alone, 56,244 persons were ordered sterilized." {R01531/p.94 Interestingly enough, the sentiment behind these actions, and the procedures used,

are incredibly similar to criteria and techniques *en vogue* to-day. The preferred procedures were:

SEX	PROCEDURE	CONTEMPORARY NAME
male	cutting the *vas deferens*	***vasectomy***
female	cutting or tying the *Fallopian tubes*	***tubal ligation or salpingectomy***

People are rewarded in American and other societies for undergoing sterilization operations, nobody thinks of this seductive encouragement as a form of physical abuse.

We also hear more and more about people's *right to die, the hemlock society, suicide machines,* etc.. The plot and language may vary, but the underlying theme is that of seduction to accept *euthanasia* or *mercy killing* as a viable way of life (or death). *Man* wants to empower the *State* to make decisions regarding people's right to die, without thinking that, in doing so, he also invites the State to

It is reported that in 1939, Hitler "sent the following directive to Karl Brandt, his personal physician, and Philip Bouhler, Chief of the Fuehrer Chancellery:

> *Reichsleiter Bouhler and Dr. Brandt, MD., are charged with t the responsibility of enlarging the authority of certain physicians to be designated by name in such a manner that persons who, according to human judgement, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death."*

Even assuming that in the best of cases, there would have been a genuine concern for the terminally ill, the problem derived from the untenable position that men could empower their government with

capacities that they, the men, did not themselves have a right to: ***deciding who is to live and who is to die.***

It is mandatory that we deviate from the incorrect notion that these actions were directed *specifically* against Jews: they were really addressed at *dark, non-Aryan* individuals, those *politically and philosophically opposed to the Nazi Regime,* and *religious opponents. Homosexuals* were also a favorite target. Public places would carry signs forbidding the entrance to ***Gipsies,*** *dogs* and *Jews.* To-day. gypsies are among the most persecuted of people in many countries, one of which is real active against them: Switzerland.

I often wonder if the doctors at the camps were maybe more *nutsy* and *nasty* than *nazi,* performing dangerous, painful experiments on their defenseless victims, without their permission against their will, and with life-threatening risks to them. Let us compare this behavior to the use of soldiers, prisoners, minorities, disabled chil- dren, the aged, (mostly groups of people who are not economically productive) etc., for what we euphemistically call *field tests, demonstration studies, pilot studies etc.,* and we must notice, with a great element of surprise, that the only difference we can encounter is that the physical setting is more deceptive when done at a sprawling military base than at a filthy concentration camp.

NONE DARE CALL IT GERONTOCIDE

Only a few weeks ago, and then again to-day (November 2, 1991), I received a series of mailings purported to have as their main purpose to invite physicians to a Teleconference-Luncheon. This was to be at no cost to the doctors, and provide them not only with good food, and a lovely opportunity to rub elbows with their colleagues, but to obtain coveted *credits* of *continuing medical education* (*CME credits*). The invitations I received were from the Division of Geriatrics and Gerontology of the Department of Medicine of the University of

Texas Health Science Center of San Antonio, and the Veteran's Administration. You may imagine that this is a rather expensive proposition, and surely not given away for no reason but kindness. ***There is no such thing as a free lunch!***

The purpose alleged by the manufacturers is to "look at physician's practice patterns in administering the influenza vaccine to geriatric patients 65 and over)." (Letter from the invitation, dated September 20, 1991).

Does this benefit the doctors? Maybe...
Does it benefit the patients? Absolutely not...
Who stands to gain from it? The manufacturer, of course!

The more vaccines that are administered, the more he sells. The lack of benefit to the patient, or the overt danger of this practice is of little or no concern to the marketing department who are only concerned with sales and profits. So, they set up *get on the band-wagon* luncheons and *demonstrations*, that is, experiments that use humans as involuntary guinea pigs. The proper use of the word demonstration was clearly spellt out by Aristotle, 2.000 years ago, who told us that this term can only be used ***appropriately*** if the *principles* from which we depart are *universally correct*, that is, if *no further inquiry would seem proper* ***at all.*** If, on the other hand, the facts simply are *general knowledge or assumption*, this *must* then *not* be called a demonstration.

The letter that accompanies the invitation must have been written by someone not drilled in Aristotle. It states that "A Mexican American Patient Model will be used to demonstrate and evaluate ***strategies for enhancing the speed and extent of adoption of the influenza vaccine for elderly patients."*** What universally correct principles is such demonstration based upon? Why has an ***ethnically selected*** group been chosen? It is obvious that marketing

experts have little regard for Aristotle or methodology, as long as poor, ignorant folks can be bamboozled into lending their trust and bodies to the money games companies play...

Not only does the letter and the project make little sense, but it is quite obvious that the promoters can not clearly understand the material they read. A reprint of an article {R01361} accompanies the letter. It would be amusing, if it were not so sad, that the business whizzes are unable to see that they are supplying contradictory evidence to what they are promoting. Whereas, on the one hand, they affirm that "mortality from pneumococcal bacteriemia has not shown any substantial change over the past two decades", on the other, they show that, for at least eight years before the writing of the article, heavy influenza and pneumonia vaccination has been in practice, so that this does not add up to their conclusion that immunizations are effective and necessary.

However, the pressure of the media is employed with no hesitance to promote the vaccination practice. For instance, an article that appeared in the October 5, 91 SAN ANTONIO LIGHT, prophetically announces that "Flu May Kill Thousands of Americans", and that "A-Type Viruses that Felled 50.000 Two Winters Ago, are Coming Back." Such a prediction is based, ultimately, on a mindset and a system of belief. The *expert* making such a statement, said "it [was] just an educated guess, but when [they saw] small outbreaks like that [which had been detected the spring before], it [was] usually a signal that they [would] be with [them] the follow- ing winter."

With a remarkable talent for the obvious, Paul Glezen, Chief Epidemiologist of the Baylor College of Medicine Influenza Research Center, stated that "It [was] not the cold so much as human reaction to it that made people more susceptible in winter."

With a gift for imagination that would set Walt Disney's to shame, the unnamed author of the article of October 5, 1991, described how contagion could occur by the spread of *body fluids*, expelled through sneezing, coughing, etc., where the "still-wriggling virus multiplies and brings on...flu's usual symptoms. Is he saying that this virus is *still* wriggling (has not stopped doing it), or that it is still-wriggling(a motionless form of wriggling)? At any rate, he forgets that viruses do not *wriggle*, actually have no motion of their own at all!

Those who should *wriggle* out of this situation, the public that is rgeted via vaccines, remains unaware of this hazard, blissfully norant of their role as ***victims of human experimentation***. While ing their best as eliminating as many financially improductive umans as possible, the perpetrators of these crimes against humanity do slip their tongues at times: "one approach to improving immunization performance that has not been examined yet has been that of financial incentive --both positive and negative. The positive financial incentive implicit in Medicare reimbursement for pneumococcal immunization seems to have had limited impact." {R01361}. Therefore, the author suggests other such *incentives*, such as the negative impact of public programs on office based physi- cians, incentives to hospitals to immunize high risk patients upon dismissal, coercion of hospital staffs to submit to immunizations, where they would be told to be vaccinated *or else*, etc.. The reader may become aware now, that none of these are legitimate reasons to immunize anyone, certainly not from the medical point of view.

However well trained the *disinformers* for the medico-pharmaceutical cartels may be, they can't always avoid telling the truth. "Much of the literature on immunization is focused more on the study of the vaccines than on the patients who receive them. Perhaps this is the reason why, after more than 20 years of ACIP, [US. Public Health Service Immunization Practices Advisory Committee] policy recommending annual influenza immunization of elderly and high-

risk patients, there is still is ***no information on the serologic consequences of this policy."*** (emphasis added)

This is not an unimportant question the doctrine of 'original antigenic sin' suggests that the antibody response to yearly influenza immunization will diminish with time...and the eventual failure of sequential immunization to protect against outbreaks of influenza has been shown in boarding schools. ***It is surprising that so little is known about an immunization practice that has been recommended for so long.***[R01361] If the reader can comprehend the enormity of this situation, a medical practice is performed at high cost ***without*** any documentation proving its need, effectiveness or safety. If you don't see that this is ***medical experimentation on humans at its worst***, I do not know how to help you open your eyes and brain!. Since this practice affects predominantly the aged, must we assume that...

NONE DARE CALL IT GERONTOCIDE

With my usual predilection for word games, I envisioned that if HTLV was defined as a virus, the "V" in HTLV, which stands for virus, should be replaced with an "R" for retrovirus. Here we now have the term HTLR, precisely the consonants in the word HiTLeR!

The South Texas, Western New York &
University of Alabama at Birmingham Geriatric Education Centers,
Audie L. Murphy Memorial Veterans Hospital and Birmingham Regional Medical Education Center

Present:

TELECONFERENCE/LUNCHEON

PHYSICIAN CLINICAL PRACTICE & PUBLIC POLICY FOR INFLUENZA VACCINATION OF THE ELDERLY

South Texas Geriatric
Education Center

(512) 567-3370

October 29, 1991

Dear Physician:

We at the University of Texas Health Science Center and Audie L. Murphy Memorial Veterans' Hospital are working with the Western New York Geriatric Education Center in Buffalo and the University of Alabama Geriatric Education Center in Birmingham to look at physician practice patterns in administering the influenza vaccine to geriatric patients (65 and over).

On Tuesday, November 12 we are co-sponsoring a special continuing education teleconference and luncheon program, **"Physician Clinical Practice and Public Policy for Influenza Vaccination of the Elderly."** Dr. David Fedson, University of Virginia, an expert on influenza, will be the presenter of the video and Dr. Evan Calkins, Western New York University at Buffalo will serve as discussion leader.

A Mexican American Patient Model will be used to demonstrate and evaluate strategies for enhancing the speed and extent of adoption of the influenza vaccine for elderly patients. The current effort on medical outcome research and education shows a commitment to inter-agency cooper... and resource sharing. We would appreciate your participation!

This program will be held at Santa Rosa Hospita... ...ston (President's Room #1, 12th Floor). Continuing Medic... (CME) units will be given. There will be no charge fo... ... continuing education program. Lunch will be served, co... ...tol Myers Squibb Company, to those who pre-register by phone ... Barbara at the STGEC, 567-3370, **to register.**

Influenza and Pneumococcal Immunization Strategies for Physicians*

Sincerely,

Michael Katz, M.D.
Chief, Division of Geriatrics and Gerontology
Dept. of Medicine and
Direc...

David Espino, M.D.
Director, Division of Geriatrics
Department of Family Practice

*David S. Fedson, M.D.†

PUBLIC HEALTH?...GREED?...OR GERONTOCIDE?

LEGAL (ILLEGAL?) PRECEDENTS TO THE USE OF HUMANS AS GUINEA PIGS

The subject of "Malpractice and Assault and the Drug Amendments of 1962, as well as the issue of "Investigational New Drugs and the Army" were analyzed by Maurice Levin, a retired colonel and a member of the New York Bar since 1933. He served in the Infantry during World War II and in 1946 was Chief Defense Counsel in the War Crimes Trials held in Shanghai, China. He held many other governmental positions afterwards including Judge Advocate to the Surgeon General of the Army. His articles were published in the FOOD DRUG COSMETIC LAW JOURNAL, November 1964, pages 1036-1039, and May 1965, Pages 278-283.

THE DRUG AMENDMENTS OF 1962: MALPRACTICE AND ASSAULT SANCTIONED BY LAW IN THE U.S.A.

Rules pertaining to experimentation with drugs in humans are covered by what has become known as the "Drug Amendments of 1962", as published in 76 STAT. 780 (1962) UNITED STATES CODE (Supp IV, 1963), which on the surface, appears to deal primarily with the introduction of a new drug into interstate commerce.

To-day we have become so hardened by the abuse of those in power and the dishonesty of our institutions, that we no longer possess the natural capacity for indignation and self protection. In 1962, this process of desensitization was not as yet so far advanced, and the agencies still felt compelled to back their evil doings with legal protection. So the researchers obtained the passage of laws that relieved them from official, if not of moral responsibility in the performance of human medical experimentation. Such was the real nature of the Drug Amendments of 1962, which dealt with the need for experimentation on humans "as a prelude to a report of investi-

gations"{R01820/p.1036}. Such experimentation is euphemistically referred to as "pharmacological and clinical testing of the new drug on human beings." {R01820/p.1036}. "In connection with this kind of testing, the law states that the clinical investigators must 'inform any human being to whom such drugs , or any controls used in connection therewith, are being administered, or their representatives that such drugs are being used for investigational purposes and will obtain the consent of such human beings or their representatives, ***except where they deem it not feasible or, in their professional judgement, contrary to the best interests of such human beings'*** (emphasis supplied)."{R01820/p.1036}

The issue of informed consent comes up daily in malpractice cases, but was dramatically emphasized at the Nuremberg trials and synthesized in the Nuremberg rules, ten principles to guide the conduct of researchers in programs experimenting on human beings. "They were formulated in 1949 by the Nuremberg military tribunal in connection with trials of war criminals. Although their legal potency is not wholly clear, they have been adopted or adapted by many research institutions, as well as by the Army."{R01820/p.1037}

The most sensitive issue, the consent of those to be experimented with, was summarized at the Hearings Before the Subcommittee on Reorganization and International Organizations of the Senate Committe on Government Operations, 88th Congress, 1st Session, part 3, at 1167 (1963). It reads as follows: "'The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice...and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision ... there should be made known to him the nature, duration and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and

hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity'." {R01820/p.1037}

THE NUREMBERG RULES ARE FAR MORE ENLIGHTENED THAN THE RULES GOVERNING MEDICAL EXPERIMENTS INFLICTED UPON SOLDIERS BY THE UNITED STATES ARMY

Ret. Col. Maurice Levin's conclusion at this point (Nov., 1964) is that "A comparison of the language previously quoted from the Drug Amendments of 1962 and the Nuremberg rules indicates that the standards in the Drug Amendments are less restrictive on researchers than are the standards in the Nuremberg rules." {R01820/p.1037} Hard to believe...?

How is this violation of human rights accomplished? Let's first learn the technical definition of "new drug". The author states that "Pursuant to section 201 (p) of the Food, Drug and Cosmetic Act (21 U.S.C. 321 (p), FOOD DRUG COSMETIC LAW REPORTER , paragraph 71,021, the term 'new drug' means (1) 'Any drug the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended or suggested...' or (2) 'any drug the composition of which is such that such drug, as a result of investigations to determine its safety and effectiveness for use under such conditions, has become so recognized, but which has not, otherwise than in such investigations, been used

to a material extent or for a material time under such conditions. 'paragraph 2, Army Regulations 40-7." {R01830/p.278}

What are the rules governing the *scientific* programs of the Armed Forces? The author informs us that "scientific programs of the armed services include provision for research in the creation and study of new drugs useful for military purposes. Some of the research is performed 'in house' by scientists of the Armed Services. Some of it performed through outside grants or contracts. Much of it is assified' for reasons of national security."{R01830/p.278}

With the cavalier attitude typical of those playing God, "The Armed Forces prefer to work with a minimum of interference from governmental agencies...[comfortable, isn't it?]...outside the Department of Defense (DOD)." {R01830/p.278}

With this in mind, military circles felt that the Drug Amendments of 1962 were a threat to military drug research, which did not want to be constrained by FDA regulations.

So, when "many and many a year ago, in a Kingdom by the sea" (Annabel Lee, Edgar A. Poe) (in the United States of America) where passing laws is assumed to be the duty of the Legislature, intrigue was kindled, and, as reported by Levin, "the Secretary of Defense approached the Secretary of Health Education and Welfare (HEW), and they agreed that, at least as regards the clinical use of investigational new drugs in military medical research, the military would have primary responsibility. This became the basis for DOD Instruction No 50.20.29, dated May 12, 1964, on the subject: "'Investigational Use of Drugs by the Department of Defense.'" {R01830/p.279}

We must ask ourselves how this "approach" occurred: Was it in a gleaming lab in Bethesda, a stark office in Washington, or in a Dungeon among the screams of the doomed?

Levin seems compelled to make excuses for such a decision, implying that there were good legal arguments for this utter immorality. His contention is that "the military does not ship drugs in interstate commerce".{R01830/p.279} Whereas this may be a technical point that makes the act exempt from certain federal jurisdiction, it certainly is not a justification to use humans as guinea pigs! He adds that "FDA forms relating to Investigational New Drugs (do) not quite fit 'in house' situations sponsored by the military."

HOW COMFORTING DO YOU FIND THE FACT THAT THE DEPARTMENT OF DEFENSE ASSUMES "FULL RESPONSIBILITY" FOR ITS HUMAN GUINEA PIGS?

But, be not alarmed, fellow ***human guinea pig and involuntary mutant***. The "DOD assumed 'full responsibility for the protection of humans involved in research under its sponsorship [of]...INVESTIGATIONAL DRUGS OR OTHER HAZARDS[emphasis added]."{R01830/p.279} What "full responsibility" may mean to the department in charge of buying $ 400.00 toilet seats, or the napalming of whole villages is a point to be seriously pondered...

Should we feel comforted by the clause that insists that when the DOD tests drugs under the sponsorship of the pharmaceutical industry, the usual forms for exemption would be filed with the FDA, or is this just another joke in very poor taste?

Summing up, the author tells us that the use of an investigational drug under the auspices of the Department of the Army requires written approval of the Army Surgeon General. Procedurally, each potential clinical investigator of an investigational drug for the Army, whether he be a government employee, a grantee or the employee of an Army contractor, must send a statement giving his own

background and justification for the study to the Army Investigational Drug Review Board (AIDRB)" (which phonically sounds like "aid-rob"?) "a board composed of officers professionally qualified to consider drugs and research plans."{R01830/p.279}

The only thing that is not addressed, of course, is that not one clause in this verbiage insures safety to the victims of these experiments.

Aside from the data regarding the product, and the qualifications of the researcher the applications must also contain the following:

"A. Specific purpose and military need for or urgency of proposed clinical investigation.

B. Approximate number of subjects, their age, sex, condition, and other pertinent information relevant to the conditions of the investigation.

A further token to reassurance was a clause that "The Surgeon General or the AIDRB may withhold approval to study an investigational drug clinically if it is determined:

1. That there is substantial evidence to show the drug to be too dangerous for use for the purposes and in the manner for which it is proposed for investigational use" {R01830/p.280}

But, after a few more such concessions to lipservice it is stated that "In an emergency situation, the Surgeon General may approve the short term use of an investigational drug that is being sponsored by a pharmaceutical firm on an individual patient in a military facility without the need for an investigator's statement."{R01830/p.281

Emergency situation is not defined in Levin's article.

In one word, only "gall" is the limit in what the military forces can do to use humans as guinea-pigs if these humans happen to be part of the armed forces.

HOW THE LAW PROTECTS THE GUILTY

Natural logic would presume that malpractice laws would require that a physician should provide a patient with the most reasonable, safe and economic treatment. Logic and morals have little to do with the law of human lawyers and legislators. The opinions of state and federal courts have always held that "when a physician undertakes medical care, he is required to adhere to approved medical methods and procedures in general use in the community in which he practices. When two or more methods of care are acceptable in a community, the proper use of one of the methods will protect a practitioner against a claim for damages from malpractice even though an unsatisfactory result is achieved [doctors like to be protected...]." {R01820/p.1037}

"'This summary statement of one aspect of the law of malpractice does not envisage the right of a physician to experiment on his patient, without the informed consent of his patient or other person authorized to consent on behalf of his patient. This would probably include using a patient as 'control' Furthermore, it is questionable whether, in the absence of statutory authorization, the courts would recognize, as valid in every case, a physician's judgement to use an experimental drug, or, if the patient is a 'control' in an experiments, to withhold the experimental drug without advising the patient or his authorized representative, except, perhaps, in a terminal case, where no other known or accepted drug or procedures could be available'." {R01820/p.1037}

Double-talk is the bread and butter of the law-suit industry, and in a decision rendered in the case of Salgo v. Leland-Stanford Trustees

(154 Cal. App.2d 56, 317 P 2d 170, 181 (1957), the same court which affirmed that "the physician may not minimize the known dangers of a procedure or operation in order to induce his patient's consent", also stated that "the physician must place the welfare of his patient above all else and this very fact places him in a position in which he sometimes must choose between two alternative causes of action. One is to explain to the patient every risk attendant upon any surgical procedure or operation, no matter how remote; this may well result in alarming the patient who is already unduly apprehensive and who may as a result refuse to undertake surgery in which there is in fact minimal risk; it may also result in actually increasing the risks by reason of the physiological results of the apprehension itself. The other is to recognize that each patient presents a separate problem, that the patient's mental condition is important and in certain cases may be crucial, ant that in discussing the element of risk, a certain amount of discretion must be employed consistent with the full disclosure of facts necessary to an informed consent...'."{R01820/p.1037}

Of course, at this point we are discussing only ***accepted*** medical procedure (and *accepted* is certainly no guarantee of safety and effectiveness at that) Yes, where it comes to ***experimental*** procedures, the issue becomes even thornier. The only legal guidelines that Levin offers are two cases where the procedures at issue were accepted but novel, such as the use of Cobalt 60 in Natanson v. Kline 186 Kan, 393, 350 P. 2d 1043 (1960), and Mitchell v. Robinson, (334 S.W.2d 11 (Mo 1960) where insulin shock therapy was considered. There, "the courts indicated that when new medical procedures are contemplated, patients should be given fuller information than is usually given, as a basis for obtaining their consents." {R01820/p.1037}

He also quotes from a case involving the use of medical hypnosis, as quoted in "Hypnosis and the Law" (THE INSURANCE LAW

JOURNAL, February 1964), in which the legal language was more precise: "'The use of hypnosis to induce anesthesia is not generally known to or understood by laymen. It is questionable, therefore, whether the courts would find that consent to the use of hypnosis as an anesthetic may be implied in the physician-patient relationship, without requiring specific authorization by the patient on the basis of an informed express consent. Of course, the extent to which the procedure should be explained in advance would vary with the particular patient, but the courts might require fuller explanations than in other cases. On the other hand, since all the sequelae of the use of hypnosis in anesthesiology cannot be predicted, it would seem unreasonable to require that explanations be made in excessive detail, provided adequate prehypnotic precautions have been taken, and the procedures followed are not negligently performed." {R01820/p.1038}

Levin concludes that the foregoing statements referring to the law of malpractice and informed consent, when "read with the Drug Amendments of 1962, indicate[s] that the latter authorizes greater latitude in experimentation on human beings, without their knowledge and consent, than is possible, without probable liability, under the law enunciated in the courts."{R01820/p.1039}

THE AMA AND HUMAN EXPERIMENTATION

As early as 1946, when the world was still recovering from the shocks of Auschwitz and Theresienstadt, the Judicial Council of the American Medical Association clearly expressed, in Levin's words that "in order to conform to the ethics of the American Medical Association [I was not aware an association is capable of having ethics which I believed were reserved to human beings], it is necessary to obtain the voluntary consent of the patient on whom an experiment is to be performed, prior to performing the experiment." {R01820/p.1038} A form called "Authorization for Treatment with

Drug under Clinical Investigation " was part of a pamphlet copyrighted by the Law Department of the American Medical Association, to be signed by the patient or his legal representative. The patient will sign that "'it has been explained to me that the safety and usefulness of the drug in the treatment of the above condition are now being investigated and that the manufacturer or distributor has supplied the drug for the purpose of providing further evidence of its safety and usefulness. I voluntarily consent to treatment with the drug and release the attending physician from liability for any results that may occur'." {R01820/p.1038}

The language is quite interesting insofar that the patient is informed that the purpose is to provide "further evidence of its safety and usefulness". Obviously, that would be a demonstration and not an experiment, and the language is seductive and deceptive, as it does not tell that the ***experimentation*** is meant to determine *whether* the product is safe or useful. The language also releases the physician, but certainly no one else from liability. No mention of side-effects, reasonably expected risks or other vulnerable points is made. It is a document written ***by lawyers for lawyers***, not for the patients, for sure.

Ultimately, they give token lipservice to the patient's interest, asserting that "'The voluntary participation of the patient will not excuse a deviation from the physician's obligation to exercise his best skill in rendering the care required of a reasonable practitioner'." {R01820/p.1038}

RIP-OFF'S BELIEVE IT OR NOT:
HUMAN EXPERIMENTATION IS SANCTIONED BOTH BY THE UNITED STATES LEGISLATURE AND THE AMERICAN MEDICAL ASSOCIATION!

In Ret. Col. Maurice Levin's opinion: "Both the AMA position and the Drug Amendments of 1962 offer loopholes of varying sizes in the area of patient consent to the use of investigational drugs, but the Drug Amendments seem to be less rigid."[(R01830).]

Provided he obeys the small print, an "expert" who watches his Ps and Qs has incredible latitude in what he may get away with in the field of human experimentation, for it is the "expert" himself who determines in what fashion his professional judgement is exercised or whether an informed consent may be obtained, and the use of "good faith" in making the determination will protect him of suits involving malpractice and assault and battery charges. How anyone can use "good faith" at the same time he believes to have a right to experiment on humans, has to be the ultimate contradiction in terms!

An interesting angle suggesting *creative editing* of the article is provided by the fact that the last footnote appears to belong to a section that must have been removed from the article. Was it, maybe, too sensitive? Levin states that "Types of cases in which consents might not be obtainable in sufficient numbers, could include those involving double-blind experiments and placebo use in general."

THE DECLINE AND FALL OF THE AMERICAN EMPIRE

A writer I once knew taught me to always scan the pages of a newspaper or periodical where an article was printed. There frequently were other articles present that had crept into that particular page, which could have interesting associations with the original quote. On page 1039 of the Nov. 64 article by Levin, there is a quote from Gibbon's DECLINE AND FALL OF THE ROMAN EMPIRE: "The frequent and regular distribution of wine and oil, of corn and bread, of money and provisions, had almost exempted the poorer citizens of Rome from the necessity of labor." Considering the Drug Amendments of 1962 and their sad reminiscences of Hitler Germany and of our Welfare System, we must ask ourselves how close we really are to the final demise. After all, a Gibbon is a primate, and monkey business is what this book is all about!

DOCTORS DON'T HAVE TO COVER UP THEIR MISTAKES WHEN THEY CAN **BURY** *THEM*

A well researched case of medical murder, perpetrated in the form of an Army CBW experiment was the death of Harold Blauer who died in 1953. Thirty-four years after this death his family was compensated ($ 700,000.00) by a Federal Court in N.Y.C . While a patient in the New York Psychiatric Institute in Manhattan, he received drugs "for depression" that were coming from the U.S. Army. It turned out that these were very strong derivatives from mescaline, and the Judge who decided the case, Constance Baker Motley "called the incident 'a sad episode in the conduct of the United States Government,' a cover up 'to avoid embarrassment and adverse publicity'." {R01670/p.42}

LOOKING FOR THE "ULTIMATE SOLUTION?"

Lederer describes the fantasies of the military in their search for an ultimate weapon. "In 1969, a military official testified before Congress: Within the next 5 or 10 years, it would probably be possible to make a new infective micro-organism which could differ in certain important respects from any known disease causing organisms. Most important of these is that it might be refractory [resistant] to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease."

Before the coining of the acronym "AIDS", Porton Down Laboratories, the CBW of the British Army reported the successful transmission of genes between different strains of plague bacillus. The 1985 U.S. government study reported to the President's Chemical Warfare Review Commission promised "the predictable likelihood of new agents being developed for which no vaccines or counter-agents are known or available."{R01670/p.40}

Although it is often impossible to sift between such statements to detect whether such affirmations are based on fact or brag, what is said clearly illustrates that the intent to produce such a substance exists, or that the interest of the government in that product is such that it will pour money into its production. Peculiarly, nobody has addressed that the search is still just a decoy, because death is occurring due to cancers and cardiovascular diseases induced by mutations generated by the implantation of mutagens through viral vaccines!

In November 1970, Carl A. Larson reportedly wrote in MILITARY REVIEW that "ethnic chemical weapons...would be designed to exploit naturally occurring differences in vulnerability among specific population groups." Reportedly South Africa pioneered research into diseases which afflicted only black people.

POPULATION CONTROL: DREAMING OF A SMALLER, SAFER WORLD

The pretense that "AIDS" exists as an independent reality, and that it is sexually transmitted has been used to convince people to use condoms. Besides the overt purpose of such practice, condoms are contraceptives that reduce birth rate. People who would not voluntarily practice birth control because of their religious persuasion, may be seduced by a belief in *hygiene*, to practice involuntary family planning.

Population control of the Third World has been a policy goal of U.S. officials for many years. In 1977, Ray Ravenhott, director of the population program for the U.S. Agency for International Development (AID), publicly announced his agency's goal was to sterilize one quarter of the world's women. He admitted, in essence, that this was necessary to protect U.S. corporate interests from the threat of revolutions spawned by chronic unemployment." The agency's acronym "AID" seems to be a Freudian slip to tell us that AID begat "AIDS"!!!

ARE SIDE EFFECTS OF VACCINES POTENTIALLY USEFUL FOR BIOLOGIC WARFARE?

People are sold on the "mystique" that biowarfare will manifest as a noticeable, savage attack from a foreign enemy. Vested interests may foster this dramatic but unrealistic view. Yet, on this basis, the common man lives in dread of unknown illnesses transferred to him by enemy nations. Most everyone professes a blind faith in the principle of immunization with vaccine, being convinced that such a preventive measure can be taken safely and effectively against sicknesses. So a clamor arises for a vaccine to protect against this or that illness. Who benefits from this?

Assume that you have to logically select among several alternatives the most effective and successful way of practicing biologic warfare, and to preferably target just certain segments of the population. You might have to decide whether the deadly agent would work better

1	**a**.-randomly distributed	or	**b**.-directly applied
2	**a**.-given by mouth or lung	or	**b**.-injected
3	**a**.-having random victims	or	**b**.-targeting ethnic or social groups
4	**a**.-administering by force	or	**b**.- having willing takers
5	**a**.-do it at high cost	or	**b**.-make victim finance his own death

If you have chosen **b** in each case, you may now wonder what a method is that uses direct injection into targeted individuals who gladly submit to the "therapy" and even pay for it. The answer is simple: *vaccines and medications.* The usual technique for passive-aggression is the selling of "protection". If the purported enemy is a dreaded illness, "protection" could be sold in the form of an antidote or vaccine. The prospective victims will clamor and gladly pay for such a subtle method of decimation!

If we are to presume that there is an ongoing attempt to reduce the population number, and do so selectively, as proposed in the book REPORT FROM IRON MOUNTAIN by L. Lewin, such decimation can be done by some of the following measures:

1.-decreasing life expectancy,
2.-discouraging sexual activity,
3.-suppressing fertility,
4.-inducing still-births and monster-births,
5.-even making child-birth inaccessibly expensive by harassment of the obstetricians.

Most of these goals have been successfully met.

IS HOG CHOLERA A MODEL FOR STERILIZATION?

An example of how immunizations can be used to cause sterility in animals, for instance, is the hog cholera vaccine which was manufactured from the blood of infected pigs. The virus was *inactivated* with crystal violet. The sows immunized with this product bore piglets afflicted with hemolitic disease of the newborn. (The piglets bled to death spontaneously). The sows ***had developed antibodies against the blood of their young.***

Horses have also been victims of these blunders. Equine encephalomyelitis vaccine produced in horse tissues was implicated in the increase of equine hemolitic disease of the newborn, which was much more prevalent in the U.S., where such vaccines were used, as compared to Britain where such disease is much more rare. Incidentally, the usual disinformation game played in medicine, *where the names are changed to protect the guilty and confuse the public*, is used in this case also. The British researchers E.R.Dol and F.E. Hull refer to it as "haemolitic icterus of newborn foals", as published in CORNELL VET. 41, 1951.

The authors contend that "...there is no definite evidence which suggests that such phenomena occur in man..."{R00290/p.198}; however, that statement opens as many cans of worms as it purports to close. Is there any evidence? What kind? How much? Where, when?

CBW AT HOME

The effect of a substance or process on humans can, ultimately, only be ascertained on humans. Tests in human volunteer are part of many research projects. Some of the substances that are tested are very dangerous, and, it is assumed that the human guinea pigs are given ample opportunity to review the potential dangers and make a clearly informed decision on the subject. The groups most commonly approached to act as volunteer are usually prisoners and military personnel. Because of concerns with maybe not so much human rights, as human rights activists, even prisoners are offered some information on what is to be done, and given the opportunity to choose whether they want to participate or not in these tests. This is not as expedient and problem free as some would like to have it. A much easier procedure is to work with military personnel: permission does not need to be obtained from the subjects, if the authorities in charge can somehow justify that these tests are done as an emergency or that their release would violate national security requirements.

"Tests of CBW agents, often performed without the knowledge of human subjects, have been carried out for decades on both individuals and entire populations."{R01760/p.34} Tests range from the use of drugs that have well known severe side effects, tested on military personnel and prisoners, to programs such as "MKULTRA, one of several CIA and Army projects seeking to perfect mind control and incapacitating agents"{R01760/p.34}

Other tests inflicted on the public by the Army of their very own country were open air sprayings "between 1951 and 1967"{R01760/p.34}, involving bacteria, mosquitos, cadmium salts, etc.

The U.S. has a longstanding record of ignominious human experimentation, to the point that "in 1947, Nazi doctors on trial at

Nuremberg for crimes against humanity cited some of these cases as precedents for their own genocidal experiments."{R01760/p.35}

WHO ARE THE EASIEST TO ABUSE?

Minority groups, particularly those regarded as a social problem by society in general, are the easiest to use and abuse in experiments. If anything happens to them, chances are that they have no relatives to notice, and they stand little or no chance to get legal support or win in a trial before biased juries.

Male homosexuals have been a frequent target of social discrimination, even being marked as undesirables by the German Nazi Society. Considered to be afflicted by an "undefinable" illness, attempts have often been made to *cure* them of their *malady*.

"A DACHAU FOR QUEERS: THE PRISON AT ATASCADERO"

In an attempt to *convert* gay males into heterosexuals, experiments were performed at the prisons of Vacaville and Atascadero in California in the 1960s. These included the use of mind-altering drugs and aversion-therapies (including electroshock). "Blanche Wiesen Cooke, a New York history professor has raised the question of whether AIDS may have been developed as one result of such experiments."{R01760/p.35}

BW THAT HAS CAUSED MANY DEATHS IN THE UNITED STATES

One of the few CBW episodes that was heavily scrutinized and condemned by the public was the Tuskeege Syphilis Study. In this experiment on humans, victims of this condition were left uninformed of their diagnosis and denied treatment, to permit careful observation of the relentless and terminal development of their

illness, causing as many as 100 deaths and the infection of the men's wives. The episode was thoroughly covered by author James H. Jones in his book BAD BLOOD, THE TUSKEEGE SYPHILIS EXPERIMENT.

It was a hot item in the news of the early seventies, when the problem was disclosed. A cartoon in the DENVER ROCKY MOUNTAIN NEWS portrayed a Doctor from the Public Health Service scrutinizing an emaciated black under a large microscope, with a message that theirs was a "No-Treatment Study". The very unit that supervised that *study* became "the predecessor of todays Centers for Disease Control (CDC) unit in charge of the AIDS program...In fact, Dr. David Sencer, the Director of the CDC who approved the continuation of the Tuskeege study in 1969, became New York City Health Commissioner, and a key player in AIDS policy in the early 1980s."{R01760/p.35}. Lederer tells us that a journalist mentioned "in 1972 that the CDC 'sees the poor, the black, the illiterate and the defenseless in American society as a vast experimental resource for the government'."{R01760/p.35}

ACCORDING TO INFORMATION PUBLISHED IN THE COVERT ACTION MAGAZINE, THE CDC BELIEVES THAT MINORITIES ARE A RESOURCE FOR THE GOVERNMENT'S EXPERIMENTS

One particularly interesting character in the human experimentation mafia was Cornelius Rhoads, who not only conducted lethal cancer experiments in Puerto Rico, but occupied positions such as Director of the Chemical Warfare experiments in Maryland, Utah and the Panama Canal Zone, and was a member of the Staff of the Atomic Energy Commission.

PUERTO RICO: RUM AND GENOCIDE

Rhoads was involved in scandal in Puerto Rico where he had been active since 1931, and was accused of having written a slanderous, horrible letter, a charge he never denied. This letter described the islanders as "beyond doubt the dirtiest, laziest, most degenerate and thievish race of men ever inhabiting this sphere."{R01760/p.36} He expressed that living on the same island with them made him sick, and "what the island needs is not public health but a tidal wave or something to totally exterminate the population."{R01760/p.36} He expressed that other physicians shared his feelings insofar that they "take delight in the abuse and torture of the unfortunate subjects." He himself, he said, had done his "best to further the process of extermination by killing off eight and transplanting cancer into several more."{R01760/p.36}

He was finally prosecuted but he was exonerated with a "tongue-lashing" where the prosecutor called him "'a mentally ill person or a man with few scruples'." That was when he was "punished" by making him the director of biowarfare laboratories.

COULD "AIDS" BE A CONSEQUENCE OF CHEMICAL-BIOLOGICAL WARFARE OR ONE OF ITS PROJECTS, GONE OUT OF CONTROL? ARE OTHER ILLNESSES PART OF THE SAME?

From the beginning, those groups listed as primary targets and disseminators of "AIDS" "have published articles proposing CBW-AIDS theories with varying degrees of thoughtfulness and documentation." Accusations and denials went back and forth, most of

them indicating that the best candidate location for the creation of a harmful virus might be Fort Detrick, Maryland, and that the covert action was called "Operation Firm Hand". This last tid-bit of information, so ironical since people tend to refer to gay men as *limp-wristed*, was provided by an anonymous letter by someone purporting to be an ex-employee of the U.S. Army Biological Warfare Laboratory at Fort Detrick.

IS "FIRM HAND" A COVERT OPERATION? ARE THE CRIMINALS AT FORT DETRICK, AT COLD SPRING HARBOR, OR IN THE BOWELS OF HELL?

Scientists deal with very strange plans, at times. Although not at Fort Detrick (The Trick, as I like to call it), but at Cold Spring Harbor, Long Island, N.Y., scientists have written and done work on a *MMMV* (*Multiple Monster Malignant Virus*). This was an analysis of what would be necessary to create such a monstrosity.

COOL-AID AND CYANIDE OR cool-AIDS and CIA-nide

Another bizarre connection with the open knowledge about viruses that affect the gay population and genocide exists several thousand miles to the South of the States of Maryland and New York. In Jonestown, Guayana, over 800 people, men, women and children, and even some dogs, were found dead in a mass episode that was referred to as *suicide* despite ample evidence that many of the victims had been killed at the hands of others. Professor Michael Myers has described this chamber of horrors in his book WAS JONESTOWN A CIA EXPERIMENT? One small section of his information, interestingly enough, dovetails with the "AIDS" myth. It tells how in 1977, one of the Jonestown physicians made a mystifying remark about a patient who died with symptoms that

several years after would have been called "AIDS". This practitioner stated that he could not understand why the patient had been suffering from an ailment that *could only be acquired through a homosexual act.* This was long before the term "AIDS" was coined and the association between "AIDS" and homosexuality introduced into the conventional wisdom! Was the physician psychic, or did he know about scientific surprises that were awaiting the planet in years to come?

UNCLE SAM'S FORKED TONGUE SAYS:–"TAKE!"–
WHAT SEEMS TO BE THE REASON?
CBW, DRUGS, THE WARLOCKS OF THE SNAKE*
AYE! NONE DARE CALL IT TREASON!
*** Snake, the symbol of medicine.**

Although the government has repeatedly rendered lip-service to the abolition of CBW, the fact is that that undertaking is alive and well in the Kingdoms of corruption where something rotten is always part of the menu of the day.

Of all the dangerous tools that the merchants of death have been able to access, the most dangerous one yet has to be the industry of Recombinant DNA, the science of playing God. Lederer, journalist for COVERT ACTION, writes that the assumption that there is nothing to fear because the government allegedly uses only defensive, not offensive CBW experiments, is absurd, because the techniques employed are still the same. The Army asserts that it uses DNA science only in the manufacture of vaccines as does the pharmaceutical industry, but Lederer, quoting from the Swedish publication THE NATION states that "there is reason to believe it is also being developed for offensive purposes."{R01760} What even they did not understand was that the best way to conceal something is to hide it in plain sight, and that it is the very vaccines that are

officially endorsed an publicly administered are the partial or complete viral carriers and transmitter.

COULD CIA POPULATION CONTROL MEASURES HAVE UNLEASHED "AIDS" IN CONGO-ZAIRE?

The role of the CIA in the Belgian Congo has been previously discussed. In addition to the information which surfaced at the Frank Church Committee Hearings in 1976, Lederer tells us that "Serge Mukendi, U.S. representative of the Workers and Peasant Party of the Congo, the country now known as Zaire...points out that the CIA's attempted poisoning of Lumumba and its MKULTRA experiments render reasonable the possible later use of CBW in Congo-Zaire...[He]...noted[that]the Agency for International Development commissioned a study by the School of International Studies at Columbia University to examine the possibilities of limiting the Congo-Zaire's population growth 'to prevent famine'..." {R01760/p.42} As one example, he cited the dumping of highly toxic radioactive wastes in the Congo-Zaire. "AIDS", he charged, may have been the ultimate population measure.

VACCINES FOR "AIDS" OR CBW?

I was informed that THE NEW YORK TIMES of January 29th, 1987, published a story about the fact that Zaire was supporting immunization tests against the "AIDS" virus. This test, the details of which were carefully kept in secret, was administered to twelve European and Congolese, including the medical Director Dr. Daniel Zagury. Allegedly he had injected himself with the product.

Inoculations have the advantage of direct targets who can easily be identified and studied, and who have no way of controlling or knowing what substance they are receiving. The researcher has enormous latitude to administer any substance of his choosing and calling it by any name he wants to.

ARE VACCINATION "CAMPAIGNS", CAMPAIGNS OF BIO-WARFARE?

Vaccination campaigns are not only an excellent decoy for bio-warfare, they themselves can be lethal bio-weapons. Vaccines may weaken the recipients, alter their genetic systems and shorten their lifespan, leaving in their wake a vulnerable population of counterfit humans who will not live long enough to burden the retirement and Social Security funds. Although the ultimate intent and origin of this global decimation may escape us, it is ongoing and real.

OFFICIAL VIEWS ABOUT "AIDS" DISPUTED (ACCORDING TO LEDERER)

On the basis of his research, Robert Lederer joins the few who have consistently disputed some of the favorite theories and conventionally accepted truisms about "AIDS".

DID WESTERN INSTITUTIONS PLAY A ROLE IN THE ORIGIN AND SPREAD OF AIDS?

Robert Lederer,

COVERT ACTION INFORMATION BULLETIN, # 28, 1987

That is the question!

Among his reasons to suspect deliberate causation of the phenomenon, he says that "Given the historic oppression of Third World

and gay people, and the vicious western response to the current medical crisis,many people suspect that AIDS is too convenient to be coincidental. With isolated exceptions, the western political and medical establishments have failed, or at best have been criminally slow to institute urgently needed programs of AIDS treatment, research and prevention education. Governments, research centers and drug companies have ignored and ridiculed inexpensive, holistic therapies showing promise for repairing damaged immune systems ...[The situation has been exploited, thanks to]...the help of a compliant media...[to manipulate the]... AIDS hysteria to stroke a racist and anti-gay political offensive." {R01760/p.43} These very same forces have attacked those segments of society in many ways. "Not the least among the weapons used have been genocidal programs of population control, medical experiments and counterinsurgency, including chemical and biological warfare (CBW)...Sometimes the three programs have overlapped." {R01760/p.43}

Lederer's theories as to the origin of "AIDS" can be summarized as five categories, which he opposes to the official theory. The only thing he does not seem to realize is that "AIDS" existence is maybe only *real* insofar as Santa Claus' is: a manufactured consensus and a web of lies. The idea that the whole story is a fib, and an absolute fabrication based on a few scattered data that may in themselves, have been deliberately created, is too preposterous even for Lederer to conceive. I often bless the mind-opening exposure to the medical establishment's crookedness and dishonesty that I have had, for without it I would have never gained the depth of insight and the guts to dispute every shred of data they present.

LEDERER'S EXPLANATION OF THE OFFICIAL THEORY

To avoid repetition, we will simply mention that he repeats the old dogma of homosexuality, HIV virus, Gallo and cohorts, etc. He concludes, as I do, that the constant repetition of some key words

and expressions has converted them into an article of faith, but very sagaciously asserts that "constant repetition of a theory does not render it proven."{R01760/p.44}

LEDERER'S ALTERNATIVE THEORY # 1: GENETICALLY ENGINEERED VIRUS

This is the theory presented by two East German researchers in microbiology: Jacob and Lilli Segal, who accept the existence of "AIDS", and its causation by HIV, but insist that it was "a military blunder". Similar theories have been presented by Robert Strecker and Sir John Seale, who in turn blame the Soviet Union for such an invention.

Ultimately, Lederer himself points out that "the whole artificial HIV theory rests on the assumption that in fact HIV is the virus which causes AIDS, a theory which has become increasingly questionable." {R01760/p.47}

LEDERER'S ALTERNATIVE THEORY # 2: DIOXIN

Dioxin is one of the components of the sadly famous "agent orange", and also a byproduct of PCP when this substance is burned. A couple of Vietnam veterans are mentioned by the author (Dave Bergh and Eal Zela Tex Aldredge) as proponents of a toxic origin of "AIDS".

According to EPA studies mentioned by Lederer, sites of dioxin dumping closely parallel areas of high "AIDS" incidence.

Susan Cavin, a journalist for a lesbian magazine, quotes up to "23 symptoms of indirect dioxin exposure parallel those of AIDS." {R01760/p.48} The author cites "soft tissue sarcomas (cancerous tumors), weight loss, lung disorders, thymus and spleen depletion, liver damage, brain disorders, and personality changes... dramatically

decreased resistance to infection...severe depletion of T-lymphocytes and leucocytes...fungus infections... lymphomas..." {R01760/p.48} The article reports that "'Vietnam veterans are experiencing lymphomas at a rate one-third higher than expected'". {R01760/p.48}. Little did anybody realize that the victims had previously been inoculated with SV-40 and adenoviruses which became activated with the dioxin!

Interestingly enough,"The CDC uses the hepatitis-B model to explain "AIDS", that is, both diseases affect very similar groups" {R01760/p.48}. Has it occurred to anyone to follow the trails of the hepatitis vaccine, the gamma-globulins, the other vaccines, the vaccinated animal products, etc., and study how they overlap with "AIDS"?

LEDERER'S ALTERNATIVE THEORY # 3: MAGUARI AND DENGUE VIRUSES

This theory "was developed by Mark E. Whiteside, M.D., and Caroline MacLeod, M.D., M.P.H., co-directors of the Institute of Tropical Medicine in Miami, Florida"{R01760}. Their main areas of research were Miami and Belle Glade (the town with the highest per-capita incidence of "AIDS" in the United States.)

Whiteside vehemently disagrees with the heterosexual transmission theory, offered for the spread of "AIDS" in ***Belle Glade, Fl.***, where the population that is highly afflicted mimics a swath cut through Third World populations. He says that those studies are "'seriously flawed by overwhelming bias, inadequate controls, and lack of pro spective data'"{R01760} particularly questioning relationships between the high percentage of childhood "AIDS" in children whose mothers test negative in African distribution (mostly heterosexual) of "AIDS" cases, and the dogmatic affirmations by the government of the sexual transmission theory, and the unusual confinement of Belle Glade

"AIDS" to just one neighborhood. ***Some of the facts simply can not be reconciled with the existing conventional wisdom.***

These researchers believe, Lederer reports, "that AIDS is a tropic-based, environmental disease, caused by at least two arbor-viruses (insect-borne viruses) called maguari and dengue, both ende mic to tropical regions...the primary means of transmission... [being]...repeated bites by blood-sucking insects-mosquitoes or ticks-carrying the virus from person to person"(R01760/p). Other means of blood exchange are also implicated by these researchers." 01760/p.51)

.IDS corresponds to the insect belt in many parts of the world. ɔefore modern day AIDS, the region of greatest density of Kaposi's Sarcoma...was on the border of Zaire and Uganda. Such tropical tumors as *Kaposi's Sarcoma* and *Burkitt's lymphoma* were always linked to environmental conditions...the distribution of these tumors correlated with malaria and the insect-borne virus (arbor-virus) infection."(R01760/p.52) A correlation between antibodies to HTLV-III/LAV (HIV) and antibodies to malaria is also noticed. Another correlation noticed by these researchers, is *the striking similitude between the distribution of "AIDS" and that of TB.*

When Whiteside and MacLeod tested Florida patients for over 50 *arbor-virus*, they found that a very high percentage tested positive to ***dengue*** and ***maguari viruses***. The first one causes a painful disease similar to a severe flu (***Dengue*** is the name of a tropical dance characterized by body contorsions similar to those the victims of this disease suffer due to spasms and pain), the second had not been known to cause diseases in animals or humans, but belongs to a family of viruses associated with Kaposi's Sarcoma.
The Dengue antibodies found were to two types of Dengue viruses: Dengue I and Dengue II which have done quite a bit of suspicious international traveling. "Dengue type I... had been limited to S.E.

Asia and Africa until 1977, when it appeared in Jamaica, Cuba and Puerto Rico. It later spread to Haiti and other Caribbean Islands." {R01760/p.53} An epidemic occurred in Cuba in 1977 was not only the first Dengue I, but the first Dengue epidemic since 1944. Dengue type II was fairly common in a mild form, but in 1981 Cuba had an unprecedented epidemic of type II in the "hemorrhagic shock form, with internal bleeding and shock-which resulted in 300,000 illnesses and 158 fatalities, including 101 children under 15."{R01760/p.53}

The authors suspect that the movement of troops from Cuba into An gola in 1977 might have cause some of this transoceanic viral leap.

"A 1982 CAIB investigation concluded that the 1981 hemorrhagic dengue type 2 epidemic in Cuba" and another in 1977 were "almost certainly the result of U.S. Biological warfare. The U.S. Army's Biological Warfare Laboratory at Fort Detrick, Maryland, has for years done experiments with insect-borne disease in general and dengue in particular. In the 1950s, the Army carried out 'field tests' releasing huge quantities of mosquitos in Black communities in Georgia and Florida."{R01760/p.53} It was also reported that Dengue type 1 had been isolated in the South Pacific in 1974. This report appeared in the BULLETIN OF THE WORLD HEALTH ORGANIZATION in 1980.

It is also worth mentioning, that Russia allegedly produced the ultimate CBW weapon in the form of a ***mutant Dengue*** virus known as ***D7***, which might have found its way into different countries by troop movements or other means.

If an epidemic like this is of such great concern, why does it take 6 years to make this information public?

Lederer questions the validity of the *Dengue-Maguari- "AIDS"* link, because the countries with high levels of Dengue have low levels of

"AIDS". However, most researchers are satisfied that arborviruses and insect transmission are co-factors, at least, to the "AIDS" epidemic.

DID THE CIA CREATE THE SO CALLED AIDS VIRUS?

The CIA is always engaged in some *war,* occult or manifest. In the late fifties, one of its *theatres* was in the Belgian Congo, against groups loyal to Kasavubu and Lumumba. These *freedom fighters,* and certain new policies introduced by prince Baudouin of Belgium, threatened American and other countries' interests. A reform abolishing the separateness of black and white in towns, made South Africa unhappy; treaties that provided for the association of the Belgian Congo and Rwanda-Urundi with the European common market, drove a thorn in the side of American monopolistic interests.

The CIA had a "devilishly" clever advisor in the person of Dr. Sidney Gottlieb. "Described by observers as 'a pharmaceutical Dr. Strangelove', [he] envisioned dosing entire populations with hallucinogenic drugs."{R00280/p.294}

As later testimony presented before the Senator Frank Church Committee, investigating covert activities of the CIA, brought out, Dr. Gottlieb was charged with the task to "produce a poison...to produce a disease that was...indigenous to that area and that could be fatal...either kill the individual or incapacitate him so severely that he would be out of action."{R00211/p.65}. This project was, according to the same source, financed and encouraged from the U.S. by direct orders from Dulles. He "himself cabled Devlin (the CIA station chief who would soon become Tempelsman's mining and mineral agent) to give him carte blanche, and 100,000 of the taxpayers' money, to wreak havoc".{R00211/p.65}

"Dr. Gottlieb's lethal virus, and the rest of Dr. Gottlieb's poison sampler stayed locked in an envelope marked 'Eyes Only' in Larry Devlin's office safe. In testimony before the Church Committee, Devlin and Dr. Gottlieb said that the poisons were eventually dumped into the Congo River. But each testified that he alone did the dumping, not the other. Dr. Gottlieb said he disposed of the poisons before leaving Zaire on October 1960, and Devlin said he disposed of them many months later. Devlin allowed that he may well have held onto them until Lumumba was safely dispatched by other means. One only hopes that what was finally dumped was harmless after being diluted by the world's sixth-longest river, but the Church Committee report offers no assurance of that". {R00211/p.71}

THE 64,000.00 DOLLAR QUESTION IS:
WHAT WAS THE VIRUS?
IS IT RELATED TO WHAT WE SEE TO-DAY?

DOES THE CIA CREATE AN UNSAFE WORLD?

The year was 1959. Innocence was still fashionable and "Gigi" won the Oscar of that year. But the innocent fifties were rapidly coming to an end. The Dalai Lama, earthly symbol of the God of Mercy was ousted from his high abode, his towering throne on the top of the Earth, and exiled to India. Unrest was brewing everywhere and the Belgian Congo was no exception. While to-day's adults were dancing to the sound of "The Platters", Dr. Stanley Gottlieb, from the National Cancer Institute was commissioned to manufacture a virus and/or poison to cause ill health in African local populations. {R00211/p.71}

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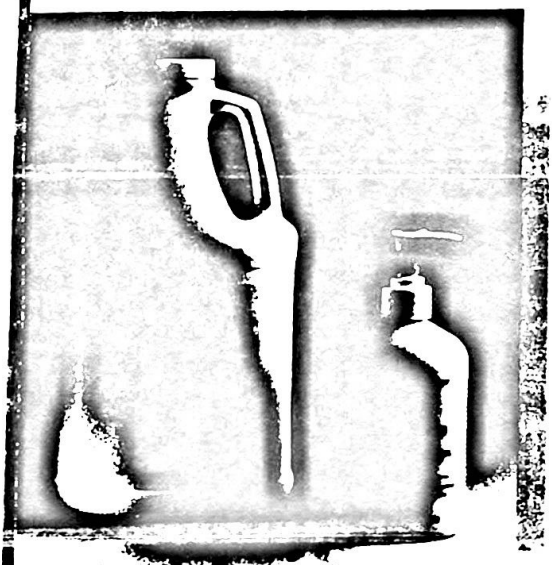

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CERTAINLY NOT A PROTECTION AGAINST VIRU[illegible]

ERROR, MISINFORMATION OR FRAUD

WHAT IS THE ULTIMATE PURPOSE OF THIS ALL?

This is a question that will have to be answered by the generations of the future. It is of the province of philosophy and religion, more than a strictly scientific undertaking. There are direct purposes, however, that deal with money and power that are so obvious that it should not offend anyone to mention them.

WHY DOES TREASON NEVER PROSPER,
WHAT MIGHT BE THE REASON?
FOR WHEN IT PROSPER,
NONE DARE CALL IT TREASON.

The legendary disease "AIDS", being so well publicized and fearfully dreaded produces an endless spin-off of grants and health aids, vaccines and tests, which fill pockets in sterile lab coats with very dirty money. Just imagine the fortunes to be made with the ELISA test, or HIV tests, an ultimately worthless procedure to detect antibodies that could represent not only those postulated to be indicative of HIV infection (and hence of the mythical "AIDS"), but false positives to various other viruses inoculated as a routine procedure during the administration of impure vaccinations or other biologic products. The recent amnesty program of the Immigration and Naturalization service had to be a fast pick-me-up for some failing economies. The HIV test was made mandatory. At around $ 50.00 per test, performed on several millions of immigration applicants it had to yield a healthy profit for manufacturers, laboratories and other connected businesses all over this nation. But the greed of manufacturers does not stop there: on August 20th, 1991, the S.A.LIGHT tells us that "Americans Most at Risk of Contracting AIDS are Found not Being Tested." It bemoaned that the number of homosexuals and intravenous drug users who were not subjected to

manufacturers does not stop there: on August 20th, 1991, the S.A.LIGHT tells us that "Americans Most at Risk of Contracting AIDS are Found not Being Tested." It bemoaned that the number of homosexuals and intravenous drug users who were not subjected to this ignominious, expensive and worthless practice were higher than the promoters liked, and, in the words of Thomas Coates, Director of the Center for AIDS Prevention Studies at the University of California, San Francisco, "'Public Health requires effective campaigns to reach at-risk populations so they can receive adequate care' if infected". We, this would take care of the manufacturers of the fraudulent pharmaceuticals, would it not?

ıe overrated case of ***"Magic" Johnson***, where the *alleged contaɔn* was heterosexual, should be a wonderful marketing tool to ɔnvince others to be *tested* and ***murdered (treated)***. After all, there was no other President Roosevelt on hand to conveniently develop poliomyelitis to beef up a campaign...

The profitable business of *managing* chronic, terminal illness, with the bank account of the *managers* as first priority, is zealously guarded by the ***monopoly board***. The more fear and distress a disease or condition can instill in the public, the more incurable it seems, the more powerful the magic the establishment physician seems to possess, even after admitting that the problem is beyond his control. Natural therapies relieve fear, improve health, and lessen such control, and hence, the attacks against holistic physicians, naturopathic healers and other non orthodox schools of the healing arts, have always been harsh. Yes, financial profit is probably one, but not the only reason behind this madness...

THE HOLISTIC PHYSICIAN IS TO-DAY'S VICTIM AT THE STAKE

To many who lost their licenses and livelihoods, or who were fiercely persecuted for speaking the truth, and even had their mail intercepted, it was difficult to understand that civil actions could violate the U.S. Constitution to such a degree. It was only when we discovered that we are dealing with the secret biologic weapons of a biologic warfare that we understood that the summary actions were actually court-martials. Even the postal actions often taken against those who distribute health-date and vitamins, including seizure of materials and prosecution, can be explained by the only laws that permit such seizures (the sedition laws, which also forbid literature that opposes weaponry).

The medical monopoly's most detested holistic issues, the most promoted establishment lies and their potential bio-warfare significance are described below.

MEDICAL-PHARMACEUTICAL-INTERNATIONALISTS VIEWPOINTS

Unsubstantiatedly against	**Unsubstantiatedly for**
Vitamins and minerals	Fluoridation of water
Metabolic modifiers (herbs, DMSO)	Lithium
Sensible diets	Iron supplements
Self help	Mercury amalgams
Chelation therapy	Vaccines
Chiropractics	
Electromedicine	
Homeopathy	
H2O2	Acetaminophen
Anabolic Steroids	

Nutritional supplements are permanently ridiculed by the establish ment which has a peculiar love affair with fluoride and lithium: they

escape their usual ridicule of other minerals. Close scrutiny reveals that both of these are of the family known as halogens, one of which is also iodine, against which they compete. Iodine is an essential component of the thyroid hormone, which stimulates protein formation, the immune system and enhances fertility. Iron, another one of their favorites, can accumulate to damage liver and pancreas; if given to excess it may oversaturated a protein, transferrin, whose presence in an unsaturated state is necessary to scavenge iron from bacteria to block them from producing harm.

Self help in healing liberates people from the control of the MDs (the mad doctors). The medical monopoly bases its wealth and power on the ignorance of the populace, and their blind belief in the holastic principles of *magister dixit* (the teacher says), where the inciple of so called authority replaces the sensible tenets of genuine Principle and Law.

Chelation therapy, the removal of harmful substances, especially minerals, by a chemical procedure, is a marvelous treatment that has been brutally suppressed by the multiple schemes of the medical-pharmaceutical establishment. Not only is it safe and effective in dealing with diabetes, high blood pressure, cardiovascular disease and, above everything, with the multiple toxicities "the flesh is heir to" in this polluted world, but EDTA (the substance most used as a chelator) is the chemical employed in the process of genetic engineering to stop breakage of chromosomes by the enzymes employed in the process.

Metabolic modifiers, such as *ginseng* and *DMSO*, as well as other preparations are highly effective in the control of myriads of illnesses, conditions and infirmities, and above everything show vast promise in the slowing down or arresting of cancerous or viral processes. DMSO is a methyl donor a chemical term indicating that it can give a certain chemical compositions known as *methyl*) to

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Chiropractics and other modes of physical medicine puts in the hands of the public a safe, effective tool that can not be patented or sold. The realignement of the electromagnetic circuits of the body promotes the balancing of pressures and electromagnetic forces into such harmonics as we call health.

Electromedicine is a sharp thorn in the establishment's greedy side. Electricity, energy, harmonics, frequencies, is what the whole physical universe is made from. Control the balance of these forces and you can control the universe, for the triumph of good if you so desire. What a threat to the forces of evil! Aside from the innumerable snares and traps that have been used to torment those involved in distributing harmless devices, the full brunt of the Hippocratic tyrants was directed against those that discovered the very essence of life. Reich, who described *orgone* energy and the esoteric powers of sexuality died in prison, his books banned in this country. Royal Rife, developer of the Rife Universal Microscope (which permitted him to see live microorganisms long before the electron microscope was invented) and who pioneered the healing powers of the Frequency Oscillator a device that shatters viruses as a singer can shatter crystal) was given similar treatment, his devices shattered.

In the last few years some courageous scientist revived his research. The device is now available. Two of these researchers fought va-

shot through his palate, a short hour after a very enthusiastic conversation with his brother Bob, and leaving neither a letter nor a will (Ted was an attorney).

Homeopathy, a medical treatment that uses very diluted solutions of "antidotes" to illness, works on principles not yet clearly understood. In my opinion it is dealing with the electromagnetic phenomena that are the *signature* of each substance. This may be imprinted, as my theory goes, on the *pyramidally arranged* water molecules which are what is known as living water (biologically active). Homeopathy is an innocuous but highly effective therapeutic competitor against poisons, cutting and burning. This procedure possibly literally cures the body, eliminating the electromagnetic blueprint of the illness causing messages.

H2O2, hydrogen peroxide, is a powerful virucidal, bactericidal substance which for pennies a day can insure protection from a myriad of maladies. Not only can it be used internally, but meats and other foods can be treated to prevent transmission of harmful microorganisms.

The word ***steroid*** denotes a certain chemical structure which many substances, including cortisone, sex hormones and bile salts have in common. Colloquially, its (improperly) applied use refers to the *anabolic steroids*, a group of substances that share in some, but not all, properties of male sex hormone: they have a direct enhancing effect on the building of protein, with a minor effect on the stimulation of sex drive. They are synthetic and maybe not the healthiest of substances, but when used judiciously in combination with vitamin and mineral programs, they effectively help senile anemias, arthritics, etc.

The hysterics in the media about ***illegal steroids*** do ***not only*** make improper use of the chemical term ***steroids***, but of the word ***illegal***,

implying that the *internal rules* of a sports association and its *code of ethics*, should be identified with *law*. Substances that enhance sex drive and fertility are just as odious to those who would be Masters of the Universe, as those which promote health and healing. Their aim appears to be death and fertility control as a means to lessen population, and make this decrease selective.

The promotion by the media of techniques as provenly dangerous as the artificial fluoridation of water supplies, or vaccination, with the well defined connections between these practices and illness and malignancies is well apparent. ***Fluoride, illness, cancer, vaccines, etc., are big, big business***. Megabucks talk much louder than reason.

Most drugs have severe side-effects: they are immunosuppressive, and many also cause impotence and decrease sex drive, "a consummation devoutly to be wished " by the poisoners of old and new.

One severe problem is posed by the fact that many humans carry an abnormal genetic trait, a defect called G6PD deficiency or favism. This genetic aberration, which once used to be limited to American blacks, was later on also found in whites suffering from leukemia. Since this trait was present in the *HeLa* cells, later on inoculated into practically all mankind, with the original polio vaccine, this was probably the route by which it entered the genome of humanity. In those afflicted by this condition, *minor hemorrhages* occur when certain substances, such as *fava beans* (from which the name favism is derived), *antimalarial drugs* and *phenacetin*, closely related to *acetaminophen*, which are found in non-aspirin analgesics are taken. This genetic disorder causes damage to red blood cells: constant, chronic low grade bleeding occurs. *The kidneys, receiving this steady barrage of hemoglobin, gradually become obstructed and blocked, with the subsequent development of urinary problems, high blood pressure and kidney failure.* A 1990 article in the LOS ANGELES TIMES mentions the association between *acetamino- phen* and

This genetic disorder causes damage to red blood cells: constant, chronic low grade bleeding occurs. *The kidneys, receiving this steady barrage of hemoglobin, gradually become obstructed and blocked, with the subsequent development of urinary problems, high blood pressure and kidney failure.* A 1990 article in the LOS ANGELES TIMES mentions the association between *acetaminophen* and *kidney disease*, without any reference to the G6PD factor. I phoned the medical writer who produced this story, and appraised him of the facts I just mentioned, yet he did not seem interested. Considering that up to 25% of the black population may suffer from this genetic disturbance to a certain degree, and yet be able to freely buy these medicines without any appropriate warning about the need of black people who wish to take these pills, to be tested for G6PD isoenzymes, this represents a form of criminal negligence.

J. Burns

Covert Action
INFORMATION BULLETIN

Precedents for AIDS?
Chemical, Biological Warfare, Medical Experimentation and Population Control

WHO MURDERED AFRICA
By Robert Laberer

Origin and Spread of AIDS:
Is the West Responsible?
By Robert Laberer

William Campbell Douglass II

Is AIDS Non-Infectious?

The Possibility and its CBW Implications

By Nathaniel S. Lehrman, M.D.*

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REPOPULATING THE WORLD AT A HIGH PRICE?

We often hear that the world is overpopulated, we witness impassioned pleas for family planning and birth control. How would the average public feel if I told them that we might be on the road to extinction, and about to become an endangered species?

Some of the information leading to this conclusion comes from one of those scandal publications which are often ridiculed, but which are often the only vehicle to publish controversial, yet very scientifically accurate data. It may sound laughable to you, but one may often learn about new techniques, vitamins, treatments, etc., by a short abstract in the ENQUIRER, SUN or GLOBE.

Although the source may not be one of the coveted peer reviewed publications, (which I would not hold against it, since by now we know how far we can trust those...), it is an interesting story, which appeared in a December 29, 1987 issue of the SUN.

What it told us, summarily, is that a large, frozen embryo bank had been built in the city of Brasilia, Brazil, and that some 10,000 embryos were being stored at the place. The article also stated that certain sources reported that embryos were literally farmed for sale and that the principals in the business were among "some of the biggest names in the world of business affairs."

A more conservative publication, the Texas newspaper THE DALLAS MORNING NEWS tells us that "Clinics Offer Human Ova...Infertile couples can obtain eggs for $10,000 fee" {R02021}. It is an operation that is very profitable for the donors and the medical centers, and that raises a number of legal and ethical questions that will create problems in days to come.

WHAT KIND OF NUCLEAR WAR ARE WE WAGING?

We have been exposed to the threat of nuclear war for almost half a century, now. We have turned HIROSHIMA and THE MORNING AFTER, into household words, together with *fallout shelters and nuclear winter*. We have no doubt that a war, a real ***nuclear*** war is being waged, but the explosion is not happening in the nucleus of the atom, but in the nucleus of the cell. Is this, maybe, the "final solution"? Total destruction of the human population looms ominously on the horizon. Could it be that those who perpetrate the genocide may also prepare the seedlings for a ***new world order*** made in their image and to their liking? Nothing would surprise us any more at this stage, would it? And, by judging who is in charge of this unusual "farming" (the article claims that "some of the biggest names in world business affairs"), we may surmise that they are planning to handsomely cash in if sterility is so prevalent in the human race that frozen embryos will have to be used.

emember a guy called Adolph? He also believed that a perfect ace should be farmed...

IS THE WORLD AS WE KNOW IT ALREADY EXTINCT?

Forced birth control and selective breeding have been selective wishes of many a tyrant. In the book REPORT FROM IRON MOUNTAIN, the author, L. Lewin, discusses some of the many systems proposed to enforce involuntary population control. One of the proposed methods is resorting totally to test-tube baby reproduction. This would achieve control not only of numbers, but also encourage selective breeding, both of them cherished aims of those who would impose their world views on us. My mental defenses rapidly jumped in, reassuring me that no one would buy that policy! Within seconds, though, an anguished feeling was creeping up my throat as I said to myself: --"Oh, no! They have already done it..."--

As absurd as it would seem to procreate by the use of *purchased,* instead of naturally conceived children, this probably can be promoted and enforced successfully, if the conditions are right. If, for instance, pregnancies and deliveries of babies in the usual manner would become so cumbersome, dangerous or expensive, that it would turn out to be of prohibitive difficulty and cost, simple andalready pre-selected and guaranteed fetuses might become a choice commodity.

If I had to make such an enterprise succeed (God forbid!), how would I proceed?

I would target the following variables:

1.-Create conditions leading to **infertility**
2.-Penalize or tax expectant parents that have not opted for a ***commercially* bred infant**
3.-Make **obstetric services** unavailable and of exorbitant costs
4.-Arrange for excessive percentages of monster births, where the risk of **birth defects** (*mutations*) is too great

Can such a scenario be created? If so, how, and how close are we to that frightening state of affairs? Some fragments of information were coalescing into a scary realization:

Issue number three has been taken care of by malpractice laws: there are less and less obstetricians in practice, and nurse-midwives are scarce. An article published in the SAN ANTONIO LIGHT, July 16, 1986, A7, tells us in a UPI release that "Lawsuits Affect Birth Methods". Of 616 obstetricians polled, 19% had stopped delivering babies and another 42% was seriously considering such a move.

Issues one and four have long ago been taken care of in the following manner: As the reader may remember, vaccines are made

from the tissues of laboratory monkeys. Such monkeys were initially supposed to be fresh, clean, healthy; animals that had been previously used in experiments were banned from vaccine preparation. A change in the CODE OF FEDERAL REGULATIONS, some years ago, voided that precaution. Now, monkeys used for genetic engineering experiments, a practice dating back to the late sixties, could be used as basic material to make profitable vaccines: they now not only carried proteins and viruses, but also particles of DNA originating from an incredible array of creatures. Much of this material may be recombinant DNA, laboratory produced and constructed. The children who are now in their late teens and have received viral vaccines grown on simian tissues, have probably absorbed a large dose of these undesirable or abnormal molecules. The potential consequences of such abominations are still to be made manifest. I foresee that the main danger exists for the offspring of these individuals, where the fetus would carry anomalous DNA provided from both parents.

Maybe not everybody would be affected, for this would require a so called "dominant character", that is a genetic trait that would always produce an effect, such as dark hair which always dominates over fair. Or, the undesirable DNA carried into the human genome by vaccines could become a *recessive trait*,(features that will only show in the offspring if both father and mother carry the abnormal genes) and the mating of two individuals with similar contaminants would be required to produce clinically manifest abnormalities. I presume that most recombinant DNA, (the material that monsters and mutants are made from) would manifest as a lethal trait: the eggs are infertile or can not fulfil a normal embryonic and fetal cycle. This would cause massive infertility, sterility and miscarriages in the bulk of the population. A certain sudden increase in monster births would further deter those who are fertile from considering a natural pregnancy, but would entice them to purchase viable embryos to ensure a normal baby.

Not all monstrosities and mutations are obvious at birth, but may manifest only later. This is an additional deterrent in an already dangerous undertaking.

Where would one then obtain a healthy fetus? Would someone actually *farm* babies, as Hitler once did, to ensure a world to his liking, in his image? The article referred to before, is not either documented or provable by me at this time, but if the facts addressed in it would be considered to be a genuine possibility,despite their bizarre nature, they may shed some interesting light on the subject.

Where did the pristine garden go, where Adam and Eve were told to grow and be fruitful...?

A MULTIPLE MONSTER MALIGNANT VIRUS, CAN IT BE FABRICATED?

Cold Spring Harbor Laboratories are located in NW Long Island, not very far from N.Y. City. Although to-day they are known as a genetic engineering center, they have been in existence since 1904, functioning as the Eugenics Register of the United States. Initially sponsored by Carnegie and Harriman, they functioned uninterruptedly for the whole 20th century. This lab has seen the battles fought by those presenting the pros and cons of genetic engineering, and was most appropriately referred to as "Camp Cancer" by the wife of one of the researchers (Dr. Pollack).{R01120}

The possibility of creating a lethal microbial agent of mythical powers has always been a matter of speculations and fantasy for those who would be kings. One of such projects, done at highest scientific level, has been discussed in a publication in the The BANBURY REPORT (*Ban!, Bury? report*), which deals with research done at Cold Spring Harbor. In a 1985 issue, it addresses the alleged

impossibility of creating a Multiple Malignant Monster Virus. As all Establishment oriented reports, it purportedly sets out to prove the exact opposite of what it finally says. This maneuver is typical, because the titles and headings can be used for deliberate deception and disinformation.

In its opinion such a creature (which it calls by the acronym of *MMMV*)

a.-would have to follow a specific design.
b.-is, basically an absurd impossibility

Despite the above, they opt for the usual double-think so common in Academia, and wiesel out by stating that "single point mutations can be crucial in alterations of viral properties"[{R00020/p.109}], which in plain English tries to tell you that one *typo*, the changing of one *byte* of a program, can often result in the most amazing changes.

BANBURY REPORT # 22 edited by Bernard Fields from Harvard Medical School, Malcolm A. Martin from the National Institute of Allergies and Infectious diseases, and Daphne K. Amely from the U.S. Environmental Protection Agency, propose a "design" for a MMMV, after insisting, of course, that the whole organism would be totally impossible to create. Their design includes the following components:

a) Environmental stability	of	***poliovirus***
b) Antigenic mutability	of	***influenza virus***
c) Transmissibility	of	***influenza virus***
d) Wide host range	of	***rabies virus***
e) Persistence of latency	of	***herpes virus or HTLV***

In addition to this, they felt that "the creation of the *MMMV* genotype defies the macabre skills of Dr. Frankenstein, himself. One must

somehow program a segmented RNA genome into a nonenveloped icosahedral nucleocapsid...be equipped to capture novel external antigens elsewhere or (unlike any known agent) must create multiple new antigen epitopes while conserving protein structure, to circumvent population immunity." {R00020/p.110}

It would have to integrate into the host's genome and be immunosuppressant. "It should replicate in the lower respiratory tract and be disseminated by small particle aerosols [they mean the spray we cause when coughing], yet not so severely damage the bronchioles that aerosol generation is blocked. Survivors of the virus' [sic] initial onslaught would be immunosuppressed and subject to persistent or reactivated infection [like Epstein-Barr, maybe?] that would renew the community burden of morbidity and mortality, and serve as foci of further transmission. Infection of other species would add to the economic losses posed by the MMMV and establish additional reservoirs for its propagation and perpetuation."{R00020/p.110}

At this point I ask you:

--"Do you recognize properties common to viruses we have mentioned, coupled to SV-40?
--"Do you also recognize a remarkable similitude with HIV?
--"What do the *experts* have to say to this?"--

Yet the interesting connections don't stop here. If you would create such a virus, you would have to expose the building blocks to each other in the presence of a vector, in an appropriate cell system, and make sure that that cell system will integrate to the human victims.

In short, you need:

1.-Appropriate ***cell system***
*2.-**Vector*** or connecting system ***for*** production of ***recombination***
*3.-**Polio-virus***
*4.-**Herpes or HTLV virus***
*5.-**Influenza virus***
*6.-**Rabies Virus***
*7.-**Means to introduce the MMMV in humans***

If you can bypass or save money on any steps, you are ahead: the human body is a perfect cell-system. It remains in motion, has adequate temperature controls (if the person's metabolism is sluggish), etc.. If you can take the recombination steps *inside* the body, you save lab fees and the difficulty of injecting the virus into the victims. So, by inserting 2, 3, 4, 5 and 6 into the human being, you bypass steps 1 and 7. The *vector*, step 2, is taken care of by SV-40 and other such viruses in vaccines. *Polio*, *HTLV* viruses, *herpes* and *influenza* are being taken care of by other vaccines containing these viruses. This leaves *rabies* to be contended with. How do you seduce humans to take rabies virus, or how do you give it to them, without their knowledge?. It may be coincidence, but in the last few weeks there is an ongoing stress in the media, about humans becoming rabid even without dog-bites. Dogs who have received the rabies-vaccines can transmit this germ to humans via fleas. Soon, the government may urge humans to take rabies shots. Rabies is being dumped from planes onto the European country-side, and fed to Argentine cattle. "The National Centers for Disease Control reported three recent human death from rabies, a South Texas woman in August, an Arkansas man later that month and a Georgia woman in October...None had confirmed animal bites...Prior to August, the Nation had reported 13 human-rabies cases in 11 years."{R02390/e.} I hope that the reader will consider this food for thought...

IS AIDS AN IDEAL MAN-MADE KILLER?

WATCH FOR THE STORIES WITHIN THE STORY, AND **YOU** BE THE JUDGE. REMEMBER, THE DEATH OCCURS NOT ONLY BY DISEASE AND VIRUS, WHICH MAY OR MAY NOT EXIST, BUT BY THE "TREATMENTS" INSTITUTED, AND THE ACCUSATION, FORGIVE ME, "DIAGNOSIS" OF HAVING "AIDS" ITSELF!

CHAPTER XXIX

THE WAGES OF FRAUD

MEDICAL MONOPOLY I S THE BIGGEST GAME ON PLANET EARTH

> If a nation values anything more than freedom,
> it will lose its freedom, and the irony of it is that
> if it is comfort or money that it values more,
> it will lose it too.
>
> **W. Somerset Maugham,**
> **STRICTLY PERSONAL**

Man is always playing games of power and competition. "The Most Dangerous Game", a story by R. Connell describes an unusual hunting expedition. The story tells of two men who are traveling in a boat, while engaged in a philosophical discussion about the jaguar as quarry, and how the animal might feel when hunted. One of them boasts of his insensitivity, and makes it clear that he could not care less about the quarry's feelings. In a strange quirk of fate, shortly after this he falls overboard, and into the hands of a madman. This

insane person is also a professional hunter, but his favorite prey is what he calls: "the most dangerous hunt": man. All of a sudden, the hunter now becomes the hunted in a crazy hand of sick "chase" (chess).

In medical monopoly, not only is man the quarry, but the buffoon, the stage show, the hapless victim. As a reward for this privilege man is permitted to work all his life to finally give up most of his hard earned labor to the priests of death (the doctors) and their temples of doom (hospitals and asylums, nursing homes and sanitariums). Not only is man condemned to pay for his fraudulent care, but also for the questionable privilege of obtaining the magic filters that carry the seeds of illness, of which he partakes, believing them ɔ be wonderful potions of health-giving quality. After all, he can't ford to miss the biggest game in town...

ɹne of the best resources to glean information about the strange bedfellows made by the financial and power interest of the medical-pharmaceutical establishment, is the excellent MURDER BY INJECTION written by Eustace Mullins. (The Story of the Medical Conspiracy Against America, The National Council for Medical Research, P.O.B. 1105, Staunton, Virginia 24401). With his incisive style he tells us: "only one group has the power to issue life or death sentences to any American -- our nation's physicians". His extensive research which threads through a major segment of world corporations and rulers "was able to document the shocking record that [those] cold blooded tycoons...not only plan and carry out famines, economic depressions,revolutions and wars, but also find their greatest profits in their manipulations of our medical care." {R00280}

In a time like ours, where the concern about sexually transmitted disease is so incredibly emphasized he makes the tragicomic remark that "The practice of medicine may not be the world's oldest profession, but it often seems to be operating on the same principles.

Not only does the client wonder if he is getting what he is paying for, but in many instances, he is dismayed to find that he has actually gotten something he had not bargained for."{R00280/p.1}

ESTABLISHMENT MEDICINE AND ITS WITCH-HUNTS

A story goes around that a doctor, an engineer and a lawyer were disputing the privilege of whose profession was the oldest one. The doctor thought that the creating of Eve out of Adam's rib was the earliest operation, and hence, medicine would win. The engineer insisted that the world first had been created from chaos, so engineering skills were earlier. Then the lawyer spoke, and triumphantly asked:

--"Yes, but ***who*** created the chaos...?"-

Medicine might not necessarily prove to be the oldest, but is certainly the most powerful profession of them all, for it deals with life and death. The physician may order a potion, control and direct the cutting and dismembering of a body, authorize absences from school and jury duty, and is believed to possess some mystical power that enables him to make these decisions, and be right in so making them. The powerful medical establishment, represented in this country by the medical-pharmaceutical industries, decree what type of research should be done, approved or respected. Their belief in medical dogma and its brutal enforcement done through government agents, courts and plain criminal activity defies and outdoes anything the Inquisition ever did.

In any business where a product is to be sold (medical care in this case), you have to increase consumers and consumer interest to increase profits. In this case the consumer is the user (or patient, an ineffective consumer because he often depends on a physician's order to obtain treatment or remedy), and the consumer is also the pusher

(the health professional). The interest is whetted by media stories and promises of financial gain. The product itself, to yield high profits has to be kept shrouded in mystery (abstract scientific data), and strict controls so as to ensure a monopoly. Because of that, the Establishment discourages independent research an publication, but tries to make science more and more complex so as to limit the production of health items and services to the corporations and institutions under its control.

THE DOCTOR'S NEED TO RECRUIT PATIENTS CREATES THE RITUAL OF THE CHECKUP WITHOUT WHICH THE "CHURCH" OF MEDICINE CANNOT ENSURE A STEADY SUPPLY OF SACRIFICIAL VICTIMS FOR ITS OTHER "SACRAMENTS", SAYS DR. MENDELSOHN

This is not a recent phenomenon. Many an unfortunate seeker of truth and aider of mankind felt the lashes of establishment medicine as recompense to his humanitarian efforts. Dr. I.N. Love, whose name could not have been more appropriate, tells us in the Journal of the American Medical Association, Vol. X, #9, March 3, 1888, p.262, that he is "aware that there is a disposition upon the part of some workers in the profession to decry the merits of those whose efforts tend in the direction of therapeutic investigation, and the application of remedies to the relief of disease, they rather appreciating pathological research and the study of the phenomena of disease. Fully recognizing the importance of closely and carefully scrutinizing the anatomical, physiological and pathological panorama that may be presented to our view, I cannot refrain from suggesting that after all the main object to be attained is the relief of suffering and saving of human life."{R01870/p.262}

Dr. Love assumes, as any mentally sane person would, that that is the purpose of medicine yet he is not considering that the bureau-

cracy in charge of the profession has completely different interests as their guiding purpose, and profit is their aim, not prophets. He continues by saying:

"The most profound pathologist would be powerless for good did he not have as an ally the delver among drugs searching for the means of mastering the microbes which he has discovered, and the studious, thoughtful practical physician, accomplishes the greatest amount of good and secures the most substantial success who promptly applies the knowledge gained by both workers, and all are co-laborers aiding the securement of that grand millennium when man will pass from the cradle to his second infancy without a shadow of suffering or a thought of disease."

THE BUSINESS SIDE OF ILLNESS

Dr. Love's observation that the thoughtful physician can accomplish the most good, and the generally observed phenomenon that intuition by simple family doctors is often behind great discoveries, makes good sense and better medicine, but does not promote profits for the greedy research industry. Conscientious medicine aims at inexpensive, simple approaches to accomplish prevention wherever possible. This does not help to inflate the disease statistics that are behind any sizable funding of pharmaceuticals or other illness-related industries. Carlton Fredricks, famous nutritionist, has been reported as having said that someone's statistics were another one's tears. The medical Orthodoxy has long exploited their control over the public's gullible minds, and has found that the only ounce of prevention they liked was by their own, not usually logic, rules. An ounce of this prevention (which usually prevents diseases, not from happening, but from becoming obsolete, is veritably worth a pound (sterling) of cure to those who see medicine only as a business.
Prevention of chronic, degenerative disease, by nutritional and lifestyle means is very effective, but does not spell megabucks for the

Establishment. When a contagious illness is *going around* people are more aware of the possibility of prevention, and there are usually more healthy people trying to prevent it, than ill ones trying to get well. This was one situation in which the power of Establishment medicine could be wielded to offer expensive alternatives, that would be easily accepted, even if they actually did not work. Guess whooo...was able to sniff the scent of profit in this enterprise? Universal prevention appealed to John D. Rockefeller Sr., as quoted by Ralph Hovnanian from Nat Morris's THE CANCER BLACK-OUT (p.199, 1977 ed.) "...a surgeon told John D. (Rockefeller) that everyone should have an appendectomy before the age of 16 as a preventative. The oil wizard saw the point at once. 'Why, you've got a better thing than Standard Oil', he exclaimed". {R00190}

) the Rockefellers, Dr. Flexner and others started the vaccine business at the turn of the century. Profitable years passed and the world's health continued to deteriorate.

In 1955 the medical earnings looked promising. LASSIE and I LOVE LUCY were prototypes of American morays and beliefs, and words such as "It's a Sin to Tell a Lie" were not a moral admonition, but a jocular phrase to write a song about.

The business world was abuzz with *science for sale*. Dr. Kildare had captured the heart of the public and the glamorous world of medical fraud joined the other soaps and series on the silver screen. "'Another historic milestone in man's unrelenting war ON (emphasis mine) disease is expected to be made official'...with the release of a detailed report on last year's nationwide tests [read human experimentation], of the polio vaccine developed by Jonas E. Salk." {R02630}

A glowing report follows about statistical conclusions drawn from studies done on 1,000,000 children of which 400,000 received the actual vaccine, with others receiving placebos or being other con-

trols. Of course, the real importance of the tests, to those in the magic world of the almighty dollar was that "The success of the Salk vaccine also is likely to have important economic effects which may modify, at least for a time, the balance of investment values within the drug industry. Particularly note-worthy in this connection is the vast initial mass market anticipated for the product. In the U.S. alone there are an estimated 50 million in the age group of three months to nineteen years, the age most susceptible to polio."{R02630}

Please, observe that the vaccine was given to 400,000 and the rest were controls, which clearly shows that ***before*** such a study they were uncertain of the results and hence all of the children were part of an unconscionable human experiment, without being given the chance to choose whether they wanted to participate in it, and without the proper warnings about the risks involved.

But such things do not worry the business people of the Temples of Hell (or Health). They gleefully remarked that with older people contracting the illness, they could probably target two thirds of the population (over 100 million). This would make the domestic market worth over 300 million considering the cost of 3 dollars per series (one initial injection, and two boosters).

An export market was envisioned, with first emphasis on the infant state of Israel, where the disease was striking with particular virulence. But such things do not worry the business people of the Temples of Hell (or Health). The perpetrators love to spread their poison around, and when Israel had problems with polio in the early fifties, Parke Davis & Co. packaged "a rush (wonder if they meant Russian?) airplane shipment adequate to immunize 100,000 children". {R02630}

And as to ***monopoly***..."Competition in making the Salk vaccine will be limited by a company's background and experience in the tissue

culture needed for the successful handling of the intricate and carefully controlled production processes involved in its manufacturer. This requirement appears to bar all but a handful of domestic vaccine manufacturers who might enter into competition with the six firms now active in the field".{R02630} The firms active at that time were Allied Laboratories, Cutter Laboratories, Eli Lilly & Co., the Sharp and Dohme Division of Merck and Co., Parke Davis and Co., and the Wyeth Laboratories division of American Home Products Corporation. The original production was performed on a non-profit basis under contracts with the National Foundation. According to BARRON'S there were 27 million cubic centimeters on hand. Considering that each shot is 1 centimeter, there was enough vaccine to inoculate 9 million children with a series of three.

It was a sign of the times that businessmen sharpened their pencils and looked at the world with a different kind of outlook, hoping for the great dollar-makers of the future: the increase in population and the booster shot business.

The net profit per three shots was expected to be $ 1.00. This, multiplied by the population numbers looked rather promising.

"From the longer range standpoint, development of the Salk vaccine is likely to spur a new wave of activity in virus research and development. There are many other tremendous mass markets to be tapped, p a r t i c u l a r l y (emphasis theirs) in immunization against the common cold, plus *the intriguing possibility that cancer, too, may be licked with the vaccine route*, (a Freudian slip?) *if further research substantiates the theory that it is a* ***virus-produced disease*** (emphasis added, this is 1955!!!). In consequence, the success of the Salk vaccine may be laying the foundation for a further expansion of the vaccine end of the drug industry".{R02630}

THE BITTERSWEET TASTE OF RESEARCH FUNDS

Although the public is aware of fraud and deception in the industrial world at large, a society trained from childhood on to regard the priesthood in white --the medical professionals-- with awe and unflinching respect, is vastly unable to even entertain the thought that those beings, held to be at a level comparable to that of gods and angels, could be masters of deceit and experts in double talk. Life and health are held in great esteem by society at large, and this society assumes that everybody shares the same beliefs. Would it not be madness to assume that those in whose hands we put our life and well-being could fall prey to seductions that tamper with our safety? The consequences would be unconscionable and therefore, the slightest suspicion is automatically discarded.

The public, ready to accept that greed may play a vast part in determining choices in the automobile industry, for instance, also firmly believes that those in charge of the allocation of research funds allegedly earmarked to improve human health, are unquestionably guided by real priorities of need and feasibility of a project. Nobody considers that potential economic benefits are the main criterion or decisionmaker in researching a health or social problem.

Time, and time again the public has objected to irrational disbursements to study the secrets of Vietnamese frogs or to determine how many times an average person passes gas (honest, this was a real study in the 80s and the conclusion was: an average of 14 times a day. If that is not a lot of hot air, I don't know what is!) This does not deter those in charge of wasting the taxpayers' moneys from being swayed in their decision-making by the wooing of lobbyists and the potential for graft in each project presented to them.

Grant-writing and other associated business are based on selling an idea, a product, on winning in an ever more competitive market vy-

ing for ever-increasing available funds. It is simply natural that the person who makes a living in this occupation wants to sell the best and most valuable idea they can, where *most valuable*, financially speaking is, of course, the first order of business.

In health care, as in any other profitmaking undertaking, the projects that sell the best are those that have some sensationalism attached to them. If in doubt of what issues are best-sellers, just turn to the prime time soaps! The best sensationalist factors are:

Sex
Cancers and Malignancies of all types
Suffering and Death
Homosexuality
Drug addiction
Perversions of any kinds
Doctors and Nurses
Innocent victims

Other considerations may be social acceptance, potential for further money-making ventures and political and social acceptability to large vested interests that may offer their support.

Research of pharmaceuticals, in general, therapeutic, in particular, is full of great difficulty and expense. It is much easier to interest investors in products for conditions that are chronic, that is, ensure lifelong dependency of the victim on the products the medical establishment has to offer to it.

If one would design a computer program to create the drug research fundraiser *par excellance*, it would probably select a condition that is an affront to life and health, where *innocent victims* fall prey to a malady due to the heinous crimes of sex, perversions, homosexuality, drug addiction and death, with an obscure connection with

the hospital mystique, and a risk for malignancies. The added incentive of full support of some large institution such as the NIH or NCI would sweeten the deal!

Such a disease surfaced in the late seventies or early eighties, and we still do not know for sure whether it was real, or a fabrication of the interested parties...

"AIDS" is, to legislators and powermongers just another, very welcome magnet to attract research funds and whatever kick-backs may depend of these funds. This ***media-promoted plague***, "AIDS", as the fantasy has been presented to the public is a vast mega-epidemic that has the largest potential yet for the flowing of endowment green and research-grant gold.

The scientific establishment is well acquainted with the buzzards of the health industry: depending on their ethics some institutions may welcome fabrications, others resent them.

Lies as basis for the acquisition of grant-moneys are not new in the industry. The May 27, 1987 issue of THE NEW YORK TIMES published an article signed by Leslie Maitland Werner, dealing with the improper scientific review in the allocation of federal grants. It stated that "More than 40 prominent research universities have agreed not to accept direct Congressional grants for scientific facilities if the grants involve projects *whose scientific merits have not been evaluated through competitive review."* (Emphasis added)[R02640]. This is due to the fact that "such grants bypass established scientific review procedures and are often awarded as a result of politicking by lobbyists hired by universities".[R02640] The consensus was that the practice of receiving grants earmarked by Congress could cause "'serious and lasting damage'" to university based research. Those universities that favor accepting such monies "maintain that they are merely fighting an imbalance that has kept

Federal money in the hands of prestigious schools in the Northeast and California."{R02640}

The growth of such awards has been meteoric from $3 million in 1982 to $137 million in 1985, "putting increased pressure on members of Congress to fight for special funds for universities in their districts".{R02640}

The opinion of the Universities who are in favor of such grants replaces principle for financial expediency, as though such an option was really acceptable: "in bypassing scientific review procedures, Congress is rightly taking into account other considerations such as economic development."{R02640}

olitics and greed give birth to strange theories as they prostitute principle. Gregory Fusco, vice-president for governmental relations at Columbia University, one of the few prestigious universities to vote in favor of unreviewed Congressional grants, did not want to make such a "potential affront to Congress.. [where they would not give]...sufficient recognition to the rule of Congress in determining the uses of Federal funds."{R02640} Mr. Fusco wanted them to feel that the University thought that "Congress's consideration of economic development in addition to scientific merit is a valid one. It's valuable and appropiate."{R02640} No doubt, particularly when hard cash is bending soft principles!

Another interesting commentary on the lack of ethics rampant in so called scientific studies, which are merely rubberstamping efforts for politically oriented decisions, arises from new research about *artificial fluoridation of water supplies*. It is a well known fact that such a barbarian practice affects the drinking water of 100 million Americans, based on undocumented safety and effectiveness reports by innumerable government agencies and private organizations. Now, one of the main supporters, the Environmental Protection Agency

(EPA), has told MEDICAL TRIBUNE, an international medical news weekly (Vol. 30, No. 31, p.1) that "Fluoride Has Been Linked to Bone Cancer in Fed Study". We owe this momentous revelation mainly to "Local 2050 of the National Federation of Federal Employees", which has been campaigning against what it perceives as politization of science at the agency,using fluoride as a case in point. According to the Local's president, Robert Carton, Ph.D., EPA's 1985 review of fluoride health effects was '*a shoddy job bordering on scientific fraud. you could call it a coverup.*'" (Emphasis added).

SCIENTIFIC HONESTY

At the National Cancer Institute Seminar #29, 1968, the issue of scientific honesty was introduced only to further insult the hapless victims, the public at large.

In the industrial world the purpose is to profit, the vehicle is production and sales. Legal hurdles must be overcome, and where it comes to unsafe biologic products, dishonest manufacturers have to find a way to produce biologicals that are unsafe in nature and moronic in intent, and do this economically and legally. So, they have to find ways to set policies and achieve this by replacing scientific accuracy with rhetoric fanned by greed and lies.

In vaccine production the first concern has been and is the potential malignant transformation of the cells used to culture the vaccine viruses, and their capacity of conferring a malignant status to the recipient of such vaccine. At the meeting of the NCI, there was full consensus about the impossibility of determining *normalcy* of a cell destined to become substrate for a vaccine. They also agreed with the improbability of clearly defining a malignant condition of a cellular substrate. They presented evidence of viral contaminations which could neither be detected by the methods available at the time,

nor removed satisfactorily. The oncogenicity could not be correlated with the infectivity of viruses.

Any reasonable person would assume that this should have been enough to place a moratorium on all vaccine production, but not so. Knowing that something is dangerous or immoral is one thing, acting upon principle is quite another. This is ingeniously expressed in a well known limerick:

There was this lady from Kent,
She said she knew what it meant,
When men asked her to dine,
Bought her flowers and wine,
She knew what it meant, yet she went.

The policy had obviously been preset, as Dr. Hilleman's presentation implied. The rest was to simply go through sterile motions. The final phrase of his NCI seminar presentation is, when trying to justify methods of policy setting, is as cryptic and incomprehensible as the rest of this quagmire: "new precedent is thereby established. Whether such a course is purposely followed or not, ***this seems to be what happens in any case*** [sic].{R00290/p.468}" (emphasis added)

The only honest policy that can be set in issues of human health, is to seek certainty beyond any reasonable doubt, have the strictest safety rules, and if the above can not be attained, do what is always given as sound advice: If in doubt, abstain. Dr. Hayflick talks about supporting the public's interest, but not necessarily the same interest I see. Whose interest is he really supporting: theirs, the public's, or the investors'?

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e, the lanthanum-con-
erenes are nearly insol-
ene; by contrast, empty
re quite soluble in tol-

es in stability are seen as
(La@C_{60}), like C_{60}, is
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Transgenic animals make drugs in their milk

Three research groups, from the U.S., Scotland, and the Netherlands, last week announced major progress in developing transgenic animals—animals genetically engineered to bear human genes—that are capable of producing in their milk human pharmaceutical proteins with valu able therapeutic uses.

A group in the Netherland ports in a paper in the Septem sue of *Bio/Technology* succes eration of the first transge calf, which carries a gene tion in cow milk of hu rin (HLF). Members come from Gene Phr Leiden, a subsidiar ternational; fror Leiden; and fr of Agricultur Animal Pr rin, prod milk, h and α

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THE WALL STREET JOURNAL MONDAY, SEPTEMBER 28, 1987

Chic Disease: Venture Capitalists See Opportunity In Companies Hoping to Do Battle With AIDS

Chic Disease

Venture Capitalists See Ways to Make Money In Combating AIDS

Private Research Efforts A

FROM NEW YORK CITY

NIH scientist not allowed to give paper

An American Chemical Society symposium aimed at engendering broad, open discussion of scientific fraud and misconduct was partially thwarted in its purpose when a key speaker was prevented by his employer from presenting his paper

the divisions of Professional Relations and Chemistry & the Law, was

The institutional students he was refer ring to are Nancy Chang and her husband, Tse Wen, who had developed a monoclonal antibody to the AIDS virus, a substance derived from a single cell that attacks a specific antigen or foreign protein. They impressed Mr. Alsil with "good virology, elegant publications and the venture-capital spirit. The people are so dedicated, they practically sleep in the lab," he

MEDICAL RESEARCH: EXPENSIVE, DANGEROUS AND FRAUDULENT

AIDS, THE MARKETING OF GENOCIDE

The WALL STREET JOURNAL often seems to allocate column-inches of coverage of a subject, in proportion to the dollar bills that it can potentially produce. When Dr. Peter Duesberg, famous Berkeley virologist, testified to the President's Commission on AIDS, explaining why HIV could produce ***no*** form of illness, especially not "AIDS", it only gave Dr. Duesberg's brilliant presentation a free-lancers' coverage. But when it came to address "AIDS'" potential for the attracting of funds, it proudly wrote about the "Chic Disease, Venture Capitalists See Opportunity in Companies Hoping to Do Battle ***with*** [emphasis added] AIDS". As you see, it is not attle ***against*** but battle ***with***...

isky Business", is another such ***ode to the greenback:***

AIDS draws money to private research in much the way interferon did a few years ago. But when interferon, a protein touted as a cure-all, proved useful against only one or two rare cancers, some companies got caught in the down-draft of waning investor support. Some of the profit-oriented AIDS ventures will surely fail too.'{R02570}

THE MEDICAL-PHARMACEUTICAL ESTABLISHMENT AND "AIDS"

IT IS THE WORST OF ILLS, IT IS THE BEST OF ILLS...
To those who are in the business of selling the American Death Ceremony euphemistically called *health care*, "AIDS" represents a wonderful vehicle for new marketing approaches that offer many advantages over your everyday maladies.

The Cancer Mafia advertises that at least a certain percentage of patients afflicted with cancer, over which they exercise the most powerful monopoly, will improve when treated by *poisoning, cut-*

ting and *burning*, due to, (or despite) those approaches which are dangerous and irrational. The "AIDS" mafia, instead is protected from having to fulfill any such commitments; by virtue of its carefully planned media campaign it has the public convinced that not only does "AIDS" exist as a separate, very real malady, but that it also is a 100% incurable condition. No positive promises are made. The fact that many patients diagnosed as suffering from "AIDS" have recovered completely or markedly improved due to alternative approaches, is a most disturbing and inconvenient situation for those whose vested interests require the perpetuation of the *100% fatality* dogma, and therefore invites brutal suppression of the successful practitioners and the information. Healers who really help the afflicted are harassed, threatened and ridiculed, and horror stories abound about patients who reported such improvement to establishment doctors, only to be forced to receive officially sanctioned care, after which they became worse or died.

It is difficult to imagine that, assuming that "AIDS" were a spontaneously developing disease, a Machiavellian mind could have come up with any more suitable malady, which had a little of everything for everyone involved in this medical-pharmaceutical business.

A DISEASE "MADE TO ORDER" FOR MARKETING

The disease affects, or so they state, the least accepted groups of society, whose fate seldom worries the public. This situation then favors sloppy, poorly controlled human experimentation. There would be a drawback, however: if the victims would only belong to unwanted minority groups, this would deter from the widespread interest necessary to get funding. So, the fact that babies and transfusion patients are also victims, retains the interest and keeps the grants flowing.

People who would have been previously classified as suffering with leukemias and lymphomas are now in a category that does no longer swell the already excessive statistics of the cancer-lie-mongers.

Since by the *establishment's dogma* it is a foregone conclusion that all individuals reputed to suffer from "AIDS" are going to die, the safety and effectiveness of medications becomes secondary to the panicky public who is simply terrorized into asking the *experts* at least to do *something.*

n the other hand, since the *epidemic* creates an alleged emergency ate, this permits the manufacturers who would otherwise be forced nto expensive testing and demonstrations (as they usually must do to be permitted to sell other worthless and dangerous chemicals), to start the production and sale of products without the undesirable delay and expense caused by the performance of such tests. Not only does this save time and money, but it is quite obvious that even in the dubiously ethical business of scientific poisoning (pharmaceuticals), some of the substances now admissible, would never pass effectiveness and safety test, no matter how many pairs of eyes would be willing to look to the other side.

Once a product is approved, the manufacturer does not have to be very worried about getting physicians to prescribe it, no matter how worthless, dangerous or irrational it is. Practitioners of medicine usually follow the directives of journals and detail-men with deliberate expediency and absolute lack of discernment. The patients also request products as the media hype up their use, and everybody joins the band-wagon. Bureaucrats, as ill-intended and poorly informed as they are vain and pompous back themselves up in the *authority of the experts* and endorse what they must to retain their *yes-men* positions. Rubberstamps are the most commonly used office supply in Big Business environment.

CHAPTER XXX

THE CAULDRONS OF EVIL

PHARMACEUTICALS, HARBINGERS OF DEATH

The purpose of producing medicines to combat an infectious illness is very clearly expressed in an article published in SCIENCE, Vol. 205, 7 September 1979, that tells us that some 80 "years ago, the famed chemist Paul Ehrlich stated that the aim of a specific chemotherapy in illness was the use of drugs to exterminate an invading organism without injury to the host". Ehrlich, whose name translates from the German as *honest* was the discoverer of sulfa medications.

To-day, the drug industry shows little concern with the welfare of the patient, except where the specter of liability may loom. If the ingestion or use of medicines was hazardous before the eighties, it became even more so in the last decade. And medications for "AIDS" probably top the list! The majority of prescription items

employed by the MDs (Mad Doctors) in the care of those reputedly suffering from "AIDS", are among the most dangerous of substances, and the cause of premature suffering and dying in the victims.

Unbeknown to most, warnings about the dangers lurking in Pharmacy may have been described even in REVELATIONS. Here we read:

> "And the woman was arrayed in purple and scarlet colour,
> and decked with gold an precious stones and pearls,
> having a golden cup in her hand
> full of abominations and filthiness of her fornication'
>
> **Revelations 17:4**

In his book THE LATE, GREAT PLANET EARTH, Hal Lindsey tells us that the original Greek text of Revelations uses a version of the word *abominations* which is more properly translated as *sorceries*, and derives from the root *pharmakia*, the Greek origin of the word pharmacy or pharmaceuticals.

So, St. John The Divine saw in his vision that the mother of all whores is actually holding the pharmaceutical and drug industry's product in her hands! It is this enterprise that has defiled humans by mixing their nature (as we would say in old times) or *frequency* (as New Age would call it), with those of filthiness, poisons and animal fluids.

CHEMISTRY, INDUSTRY OF GENOCIDE

The scope of this book will not permit a lengthy analysis of the death and disruption generated by the chemical industry. The dangers of Thalidomide and Bhopal are still fresh in everyone's mind, for sure. Just a few words, however, as an introduction to the betrayal

wreaked on mankind by those substances known as "AIDS"-drugs, and the father-mother of all plagues, THE POISONED NEEDLE or vaccine.

We have already analyzed the plagues and perdition vested on this earth by the unclean habit of inoculating animal tissue into the bodies of men. Are other "medications" also part of the genocide? You must observe their common side effects and damage, and make your mind up by yourselves.

Everybody (even medical doctors, at times), is aware that medications have side effects. However, the average physician's knowledge about such risks is usually limited to the incomplete accounts provided by the detail-person representing the manufacturer. The usual exchange of information takes place hurriedly, between sips of coffee flavored with coffee-lightener and sugar (which should tell you how much both care and know about human physiology).

--"Do you see women with depression and menstrual problems, Dr. Brown?"--

--"Do I ever... World is full of those crocks..."--and, while touching his bulging billfold he adds: --"Thank God for small favors...they make up 80% of my practice."--

--"Got a new product Doc, works wonders for them"--

--"Any side effects?"--

--"None, unless you are the husband. Ho, ho, ho!"--

Very few read all the information contained in the package insert or the PDR (THE PHYSICIAN'S DESK REFERENCE) often presumed to be a veritable BIBLE of medical knowledge, when it only

covers the information relevant to the sales requirements. Only an exceptional physician ever consults a text-book of pharmacology, which contains the bulk of the available information, instead of picked over and chosen by the PDR. When many disasters have already happened, an article may force its way into a magazine or two, only to be followed by disclaimers galore submitted the producer for some form of enforced publication.

Even if they read some of the warnings in the description of the substance, people trained in cookbook medicine, as most doctors are, would not know that cryptic warnings such as: "may reduce the serum level of carotenoids" would indicate that the person is going to become vulnerable to infection due to a vitamin A deficiency, or may have babies without arms for the same reason. The preoccupation with making money is more of a priority to them, than scientific research.

IS MEDICINE A TRUSTWORTHY SCIENCE?

When something works it remains in use forever. When a baby cries, the mother's breast, baby-bottle or pacifier probably works the same magic in 1991 that it did in the stone age. The best evidence that the treatments touted as highly effective, even life-saving by the illness and death industry, do not work, is reviewing how many of these are still in use after a certain number of years. A perusal of the PDR's last 44 editions would show that the industry itself is highly critical of its own products. This in no way tries to imply that such criticism is based on honest self critique, to the contrary, great public hoopla is achieved by press releases to disqualify some of the top selling products once their patents expire, or more expensive replacements are available. We often see this in the area of psychoactive drugs, and merciless attacks discourage the practicing physician from prescribing substances that interfere with the market projections of the giants of the pharmaceutical industry. Manufac-

turers of generic drugs are under constant harassment so that less expensive substances vanish from the shelves. Monopoly is alive and well on Park Avenue!

ARE MOST MEDICINES IMMUNOSUPPRESSANTS?

If we study those medications which are the top sellers of the industry, or observe the emphasis of shifting from old, tried and true remedies to new and highly toxic ones, we can not but become uncomfortable by the almost universally overlapping findings: the products that became popular or entered the market in the last 20 to 25 years are all severely toxic to the liver, the immune system, the kidneys, and often selectively more harmful for certain ethnic groups. Almost all enhance the development, growth and spread of tumors.

This is not an idle observation: any interested party can perform such an evaluation by reading the sections dealing with side-effects and other warnings included in the description of any of the drugs listed in the PDR or other reference material.

MOST DRUGS SHOULD NEVER BE USED

Even at best, the use of most drugs is dangerous. Since the risk is mainly due to disruptions of the person's metabolism caused by the physical and chemical properties of the substances, the severity of the danger increases in those already ill, and whoever suffers from some form or another of severe immunosuppression, is worse off than anyone else.

WHAT DOES THE PDR HAVE TO SAY ABOUT "AIDS" MEDICATIONS?

The PDR is divided into various sections. "AIDS" is mentioned in several of them. It is the number one reference in the third section (aqua pages), where a listing is made of all categories of diseases covered by that book. A subliminal way of saying --"I am #1!"--?

Two subcategories of medicines are listed:

AIDS CHEMOTHERAPEUTIC AGENTS" {R00370}

PRODUCT	PAGE
RETROVIR capsules (Burroughs Wellcome	407,799

AIDS RELATED COMPLEX (ARC) THERAPEUTIC AGENTS

BACTRIM DS Tablets (Roche)	424, 1783
BACTRIM I.V. Infusion (Roche)	1781
BACTRIM Pediatric Suspension (Roche)	1783
BACTRIM Tablets (Roche)	424, 1783
CYTOVENE (Syntex)	2195
INTRON A (Schering)	1992
NEBU PENT for Inhalation Solution (Lyphomed)	1248
PENTAM 300 (Lyphomed)	1249
RETROVIR Capsules (Burroughs Wellcome	407, 799
ROFERON A-Injection (Roche)	1808
SEPTRA DS Tablets (Burroughs Wellcome)	408, 805
SEPTRA Grape Suspension (Burroughs Wellcome)	805
SEPTRA I.V.Infusion (Burroughs Wellcome)	801
SEPTRA I.V.Infusion ADD-Vantage Vials (Burroughs Wellcome)	803
SEPTRA Suspension (Burroughs Wellcome)	805
SEPTRA Tablets (Burroughs Wellcome)	408, 805

It appears that Burroughs Wellcome, which sounds like: ***Burros, welcome***, corners the market!

Since your favorite health professional (doctor or pharmacist) does not seem to be acquainted with the pharmacology of many of these substances, let us perform our own analysis of those most commonly prescribed and potentially most dangerous to "AIDS" and other patients who suffer from similar conditions. We will use the PDR for our references, the most available source and the one that the merchants of death claim to be well acquainted with.

TRIMETHOPRIM AND SULPHAMETHOXAZOLE

If these words are hard for you to remember, you may try th. mnemonic rule: TRY ME TOO, PRIM and SOL FA MI TOXIC SOIL.

Before the "AIDS" madness took over, these two products were primarily used in the treatment of recurrent ear and urinary tract and infections. ***Sulphamethoxazole*** is one of the common sulfa drugs, usually given by itself or mixed with some red dye (*pyridium*) for bladder infections. When a dozen years ago, or so, I saw advertisements for combination products that contained *sulphamethoxasole* and *trimethoprim* (the other ingredient me tioned above), I could not understand why trimethoprim, a substance known to me from my pharmacology courses as an anticancer drug and immunosuppressant was randomly and irresponsibly added to a product designed to treat a minor condition such as bladder infections. No-one excepting myself seemed to be concerned about this, and physicians happily started prescribing the unbelievable product. I abstained, and continued using some tried and true products from before. Imagine my surprise when years later I find this unconscionable concoction used in those whose predominant problem is a deficiency of the immune system!

The commercial name under which they sell and the laboratories which make them in the USA are, according to a listing in the 1990 PDR:

BRAND NAME	LABORATORY
BACTRIM	Roche
COTRIM	Lemmon
SEPTRA	Burroughs-Wellcome
'ULPHAMETHOXAZOLE	Quad; Elkins-Sinn;
TRIMETHOPRIM	Geneva;Barr;Biocraft
IMETHOPRIM Tablets	Barr; Biocraft; Rugby
'RIMPEX	Roche

In the initial sections of the PDR (section 3, aqua) where drugs are matched as to the disease they are indicated for, the word "AIDS" is only accompanied by Retrovir, and none of the above.

If you examine the PDR's sections on ***Bactrim*** and ***Septra***, you will encounter warnings regarding the dangers posed by the use of those products, particularly the severe risks imposed to "AIDS" victims. However the warning are, paradoxically preceded by the encouragement to use them in the treatment of *pneumocystis carinii* pneumonia, usually considered to be a symptom of "AIDS"! It is obvious that Medicine, symbolized by the coiled snake, like its emblem, speaks with a forked tongue.

Health professionals must be in dire needs of a plastic surgeon: if they are following their nose, it has to be forked too!

HEALTH PROFESSIONALS: PEOPLE WITH FORKED TONGUES AND FORKED NOSES

It is unlikely that a busy physician, consulting the PDR, (if he does so at all), would read as far as the "warning" section, once he has seen the blanket endorsement of a product. Hence, he would recklessly prescribe for the patients, as is done, and if they died, nobody would realize that they died from organized malpractice, but they would be presumed to have died from "AIDS".

The warning not to use these products in "AIDS", reads as follows in the 1989 PDR: "Use in the treatment of Pneumocystis Carinii Pneumonitis in patients with Acquired Immunodeficiency Syndrome (AIDS). Because of their unique immune dysfunction, AIDS patients may not tolerate or respond to Bactrim in the same manner as non-AIDS patients. The incidence of side effects, particularly rash, fever and leukopenia [reduction of the white blood cells} with Bactrim therapy in AIDS patients who are being treated for Pneumocystis Carinii pneumonitis has been reported to be greatly increased compared with the incidence normally associated with the use of Bactrim in non-AIDS patients."{R00370} The same warning appears in the 199[illegible] edition.

The manufacturers of Bactrim warn to avoid its unwarranted use simple infections and to eschew prolonged use, particularly in children, but MDs usually never pay attention to these warnings and act upon total misinformation.

Malnutrition, particularly the deficiency of folic acid, a B vitamin, which accompanies "AIDS", is another definitive contraindication to the use of such products.

TRIMETHOPRIM AND SULPHAMETHOXAZOLE SHOULD NEVER BE USED IN THOSE AFFLICTED WITH G-6-PD, A LINK WITH THE POLIO VACCINE AND HeLa CELLS

When people suffer from a disease caused by a genetic disorder of the enzyme *glucose-6 phosphate dehydrogenase* (G-6-PD), a trait previously only existing in blacks, which is to-day also found in the cells of whites, particularly those suffering from leukemias, these products are contraindicated.(This trait has been described in another section of this book, and mention has been made of its probable transmission as a contaminant of vaccines made with HeLa cells). In such cases the ingestion of these chemicals can cause rupture of red blood cells. There are problems with kidney failure, allergies, and a ***decrease*** in platelets (another condition also found in "AIDS"). The high prevalence of G-6-PD,(up to 25%, or 1 in 4 in blacks and its possible incidence in white patients suffering from leukemia) makes it, in my opinion, highly irresponsible to prescribe these products to anyone who has not been given the benefit of a laboratory test to determine whether he or she suffers from this condition.

For all the unfortunate who are at risk of kidney failure and other problems, blacks are in the worst position. When is the public going to realize that it is incompetent physicians who make them sicker, not better? Wake up, America, before it is too late!

PATIENTS THAT HAVE HAD TO DISCONTINUE TREATMENT

In a study performed in Australia with that type of combination the researchers Francis J. Bowden, P.J. Harman and C.R. Lucas report severe problems with the products. They had seven patients on the study with "bronchoscopically confirmed PCP (pneumocystis carinii pneumonia) associated with AIDS".{R01160} Their series of studies required a change in therapy in all patients. In others, from 50 to 83% of the patients had to receive a different medication. People suffering from PCP (*Pneumocystis Carinii Pneumonia*) associated with other illnesses do not appear to have the problems found in those suffering from "AIDS" and PCP. This leads me to assume that

viral infections in general (*cytomegalovirus* and *Epstein Barr*) show association with allergic phenomena to these products, presumably related to errors in the genetic coding, virally induced.

The only way to protect yourselves is to learn and to stay as far away from conventional medicine as possible.

ANTIVIRAL AGENTS

Antibacterials, always dangerous and often lethal when given to "AIDS" patients, are abundant and varied. "In contrast to successes with most bacterial infections, similar attempts to screen synthetic compounds and natural products for specific antiviral activity have not led to a significant number of clinically useful antiviral compounds. After more than three decades of much effort and growing sophistication, the search has probably expended several hundred million dollars and has yielded only about a dozen compounds of very limited clinical utility in controlling viral infection. (SCIENCE, Vol. 205, Sept. 7, 1979). It adds that "many pharmaceutical companies have drastically reduced or abandoned their search for antiviral compounds".

The problem with antiviral substances, (AZT is one of them), is that viral reproduction is a cellular phenomenon, and systems designed to interfere with viruses also interfere with the cell nucleus itself. "With a few exceptions, most analogues of pyrimidine or purines or their nucleosides [all of these being part of the structure of nucleic acids], whether discovered as a synthetic or natural product, were most often as toxic to an uninfected cell as to virus multiplication in the cell".(same ref.)

EVERYTHING YOU EVER WANTED TO KNOW ABOUT AZT, AND DID NOT DARE TO ASK

It has well been said that a quack first insults the person whom he deceives, selling him a concoction he knows is worthless and often harmful. AZT is in my opinion, the ultimate level of medical-pharmaceutical abuse of the user.

WHAT DOES COMMERCIALLY AVAILABLE AZT LOOK LIKE?

The manufacturer, Burroughs-Wellcome (maybe *Burros*--in Spanish, *asses*--welcome?) has gone to great lengths of industrial seduction to make this product appear God-sent. The consumer oriented presentation is a white (the color of purity and innocence) capsule imprinted with a unicorn (the symbol of purity), and the word "Wellcome" and an alpha-numeric code: Y9C 100. There is even a sky blue band around the middle, the color of heaven? {R00370/p.799}

It seems to me that white and blue capsule, combined with a unicorn and the word Wellcome, is a form of marketing seduction akin to calling a used car dealer "Honest John".

THE STRANGE CASE OF THE CHANGING NAME

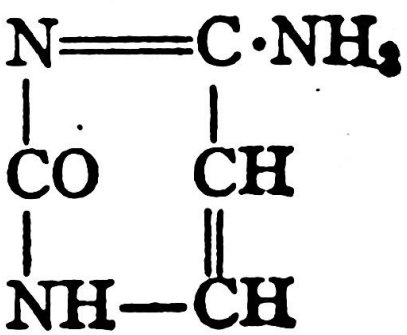
The commercial name of *AZT* is ***Retrovir***, the chemical name in use to-day, is ***zidovudine***. {R00370/p.799} But this was not always so. The commercial name is optional, the chemical name is determined by the substance's structure. In an unusual and curious move the company changed the original chemical name ***3-azido-deoxithymidine*** to its new version: ***zidovudine***. I ask --"Why?"-- and wonder whether there could be a parallel with the underworld of crime, where aliases are used to conceal the real identity of the criminal! Paranoia? You be the judge, as I add some very strange details to this story.

A chair may have straight or bent-wood legs, an upholstered seat or caning, but it ultimately serves as a seating device. In similar fashion, there may be minor differences in the arrangement of chemical molecules, yet ultimately, substances with similar chemical structures usually have similar functions.

AZT is a product built from *thymidinene*, a *base*, one of the constituents of the RNA and DNA, the *nucleotides* which make up the genetic substances. *Thymidine* is, to our present day chemical knowledge, a hexagonal (six sided) structure which looks like a side of a bee-hive. It is classified as a *pyrimidine*. Each corner is numbered from 1 to 6. Attached to this structure are certain chains of chemicals.

There is yet another *pyrimidine* in our genetic system. This is known as *cytidine*. It is a hexagonal structure (six sided) which looks like a side of a bee-hive. Each corner is numbered from 1 to 6. Attached to this structure are certain chains of chemicals.

Please see the schematic representation below:



Cytosin (2-oxy-6-aminopyrimidine.

AZT is known as *3-azido-thymidine*. The *azido* group is attached to position 3.

Are there any other interesting molecules that carry the *azido* group? There most certainly are!

One of these is known as *5-aza-cytosine*, described {R00330/p.6} as a substance that can activate a *silent provirus* of the chicken (*ev-1*). This was an experimental substance designed to satisfy a request of the National Cancer Institute (NCI) to be used as an *activator* or *promoter* of dormant intranuclear cancer proviruses (to speed up cancer). A pharmaceutical company that gave you LSD, among other such questionable products, produced it for the NCI.

Just as in architecture we often see that form follows function, in pharmacology, function is often a consequence of chemical structure. You may remember, that viruses have a core of nucleic acid (either RNA or DNA), but all RNA viruses go through a DNA phase (retrovirus). To duplicate, they must be activated. *The first step in activating reproduction or replication is the removal of the chemical group called methyl (CH3)* from either position **3** or **5** in the "bases" of the nucleic acid, the substance that viruses are built from. This is known as *demethylation*. If a substance is added to the viruses, and this substance does not have these *methyl* groups in positions 3 and 5, it may rob the methyl group from the virus. AZT has, by its structure, the potential for being such a demethylating substance, but studies as to whether this process occurs in the patients being given this abomination has not been reported. I question whether the wizards of the purse evaluated that possibility, and are aware whether this process is occurring in the hapless victims. I also wonder if they evaluated whether *3-aza-thymidine (AZT)* shares the ability of its cousin compound *5-aza-cytidine*, in activating *dormant intranuclear cancer proviruses.*

Although we are unable to prove that the manufacturers had full knowledge of the above, we can show that as early as 1982 an article was published in SCIENCE (Vol. 216, April 2), informing us that "one possible mechanism for regulating the expression of foreign genes in transformed cells involves the modification of the genes by ***methylation***... *5-Azacytidine* causes *hypometilation* (loss of a methyl group, which is chemically protective against viral replication) of DNA, presumably by substituting for *cytosine* residues in DNA that can be methylated".[R01250] This substance, *5-AzaC*, is structurally strangely reminiscent of the structure of *3-Aza-T, (AZT)*, can cause very bizarre changes such as the "***activation of genes on inactive human X chromosomes***". [R01250] (emphasis added). Does this mean *sex changes*?

The authors also observe that one viral enzyme, *viral TK (or thymidine kinase)* (incidentally, closely related to induction of cancer), is definitely activated by the introduction of the substance 5-Aza C.

With that type of information already available, it is totally inconceivable that the FDA should permit the distribution of a substance like AZT, with its incredible potential for man-made disaster, which you can call M.D. for short...

We must seriously wonder how such substances are approved.

WARNING: *LIE - SENSED* MDS. MAY BE HARMFUL TO YOUR HEALTH!

The Government is in no way unaware of the potential hazards and side effects of this costly and dangerous substance. The PHYSICIAN'S DESK REFERENCE, 1990 edition, has a framed in "***War-***

ning": therapy with Retrovir (Zidovudine) is often associated with hematologic toxicity including granulocytopenia and severe anemia requiring transfusions." {R00370/p.799} This means that people treated with Retrovir often have blood poisoning which includes very low white counts and also red blood cells become reduced.

) they imply that this therapy prevents illness or other problems?)solutely not! They say that they may continue to "develop opportunistic infections (OI'S) and other complications of the immunodeficiency syndrome (AIDS) and AIDS related complex (ARC) caused by the immunodeficiency virus (HIV)" {R00370/p.800}. They are also not bragging about safety or efficacy. These "have been established only for certain adult AIDS and ARC patients" as described under "indications and usage"{R00370/p.801}. Who are these, at least by the wisdom of the FDA? "Certain ***adult*** [emphasis mine] patients with symptomatic HIV infection (AIDS and advanced ARC) who have a history of cytologically confirmed PneumocystisCarinii Pneumonia (PCP) [determined by laboratory tests under microscope] or an absolute CD4 (T4 helper/inducer) lymphocyte count of less than 200/mm3 in the peripheral blood [a grossly abnormal count and proportion of certain of the T cells] before treatment is begun."{R00370} How is this knowledge gained, what *complete* studies were done to determine this? Well, allegedly it is from a random trial at 12 medical centers in the United States covering 281 patients suffering from "AIDS" or advanced ARC . Which guidelines were used to determine who has "AIDS" or ARC was not specified. How long were these individuals studied? The protocol requested 4 1/2 months, but as we will see in a minute, this was not completed. About 80% of them were followed for another 5 months. (What happened to the other 20% is everybody's guess).

Although there are hundreds of criteria of immunity, only two were primarily considered for this study: the number of patients with abnormally low numbers of T-cells, and patients' reactions to certain skin tests.

Interestingly enough the trial was stopped twice: first in those patients who had "serious marrow toxicity". The report does not say how many had it{R00370/p.801}.

The second time the drug was stopped in those still taking it before the planned date of 24 weeks because "of significant reduction in mortality before all patients had completed the planned 24 weeks of treatment."{R00370/p.801} Or, was it, maybe, due to the fact that at that point the results were what the manufacturer liked to see, so it was time to stop *before* things might change.?

The study was done on 160 AIDS patients and 121 ARC. How they were selected to be recipients of either placebo or Retrovir was not reported.

The authors claim that opportunistic infections were less in those receiving Retrovir, and that many symptoms improved as neuro-psychiatric function remained better. That, for the *alleged* pluses. Now, as far as the minuses, they admit, however, that 47 out of 114 (41%) of the Retrovir recipients had to have transfusions because of anemia, and only 17 of 107 (16%) of the placebo patients had to receive blood. Severe decrease of white blood cells also occurred in 45% of the Retrovir patients but in only 14 % of the placebo group. This decrease was even worse in those who already had a low count.

Even in those whose counts were healthier, the Retrovir patients still fared worse, with one needing transfusions, as compared to none of the placebo group.

Platelets, the small bodies that permit proper blood clotting are usually dangerously low in these patients. The Retrovir did not help, causing further decreases in 12% of the medicated group versus 5% of the unmedicated.

At the end of the study that never was completed, all of the remaining patients were enrolled to take the drug. "Over the next 5 months opportunistic infections continued to occur and additional patients died in both groups."(R00370) What actually happened was that in the reporting period that was now started (in violation of the original protocol), those who had been on placebo and now were given Retrovir had seven die in the first month of treatment and 4 more died before receiving the Retrovir, while ten of the original patients died. The authors state that "termination of the controlled trials precludes direct comparisons of mortality and morbidity..."
(R00370/p.801)

It is peculiar how self-serving changes in scientific protocols can be. Those 10 deaths would have been included in the original study if someone would not have cheated and changed the protocol. And so would have many more. This is sadly reminiscent of the fluoride fiasco, where politics replaced reason, and safety was sold out to greed. 40 years after the first few cities were permanently polluted by the fluoridation of their water supplies, the government grudgingly admitted that fluoride causes cancer. The wealthy scientists who committed the fraud and genocide are sitting pretty...

The details of this study with its unscientific alteration of the protocol were not reported to the public in exactly the same fashion as the PDR analyzes it. NEW SCIENTIST, a British magazine publishes in its 25 September 1986 issue that "an experimental drug has been shown to prolong the life of people dying from AIDS. It will soon be offered to 6000 people with the fatal disease."(R02000/c)

It reports the "interruption of the test" in a slightly different fashion than as a procedural fraud. It says that "a panel of medical experts in the US which has been monitoring the effects of the drug decided last week to interrupt the test and allow the drug to be prescribed more widely". The test was started on February 28th, therefore the original protocol called for 4 1/2 months, but the test was interrupted much earlier than that, according to the PDR, and finally 5 months of follow-up were done --they say-- which were not reported because of the alteration of the protocol (their statement in the PDR, not mine). None of these dates match the reporting periods listed in NEW SCIENTIST, we can not but surmise that someone is lying! {R02000/c}

CONTRAINDICATIONS TO THE USE OF AZT (AS LISTED THE PDR)

The ***contraindications*** clearly warn of giving this drug to those w. potentially life threatening allergic reactions, with really low white counts or anemia.

This does not keep the Establishment to cheer-lead for this unholy, but profitable substance: "A panel of authorities is recommending that the anti-AIDS drug AZT, or Zidovudine, be prescribed more widely for people in early stages of infection by the virus that causes AIDS.

"'Research has clearly established'" that AZT or zidovudine, delays the onset of AIDS in people infected with the immunodeficiency virus, or HIV, the Food and Drug Administration advisory committee said Tuesday."{R00370} This is mystifying enough, considering the type of information obtained from the PDR, wholly under the FDA'S jurisdiction.

Are some more enlightened people concerned? Surely they are, as they emphasize "the need to carefully study and document the potential risks associated with prolonged zidovudine therapy, *especially those related to the drug's* ***cancer causing potential*** (emphasis mine), and any possible unique effects on women's fetuses and children." Even their syntax is imprecise, are they concerned about women's fetuses and children, (no comma), implying the offspring of those treated with this drug, or women's fetuses, (comma) and children, that is, children independently treated with AZT? If this seems like a trivial remark to you, just consider what consequences one misplaced word often may have in interpretation!

The article refers to a Government study showing that the drug prolongs the lives of people in earlier stages of disease, and affirms that some physicians are using it in people with early or no mptoms of AIDS! (THE SAN ANTONIO LIGHT, B2, Feb. 1, 90. **LET THE USER BEWARE!**

TERACTIONS BETWEEN AZT + COMMONLY USED DRUGS: A RECIPE FOR DISASTER

What may be recommended is usually not the same as what is done. The PDR is chock full or warnings about the increase in danger to patients's health if AZT is used in conjunction with other drugs. These warnings are seldom heeded, especially because practicing physicians don't understand physiology or chemistry, and dangers frequently relate to specific metabolic characteristics of AZT and how this may interfere with the breakdown of other substances. For instance, AZT does affect a process by which some substances are detoxified in the body so they can be eliminated by the kidneys, which is accomplished under normal circumstances by the attachment of a substance produced in the liver (*glucuronic acid*) to the chemical that must be detoxified. This process is known as glucuronization, which permits easy elimination of poisons via the

kidneys. It is parallel to the demagnetizing of a price-tag in a store, so that the buzzer won't go off at the exit and the customer can leave.

This safety process is impaired by the administration of AZT. Medicines often used in conjunction with AZT may further compound the problem. The PDR tells us that "Probenecid (a substance that blocks kidney tubules so they can not reabsorb uric acid) may inhibit this detoxification process". It adds that several other well known drugs may interfere in this process:

acetaminophen (such as found in Tylenol products, Darvocet, etc.)
aspirin (such as in Anacin, Darvon compound, etc.)
indomethacin (such as in Indocin)

It is inconceivable that AZT should be administered so recklessly to people who may freely obtain any of these substances over the counter any time they wish! It is even more inconceivable that the same physician who recommends the AZT and the same pharmacists that fills it, feel no compunction in prescribing and dispensing the other products ***at the same time***!

ARE "AIDS" DRUGS MURDER WEAPONS? DOES AZT KILL?
ARE "AIDS" DRUGS MURDER WEAPONS?
DOES AZT KILL? ARE "AIDS" DRUGS MURDER WEAPONS?
DOES AZT KILL?

The above is not an accidental repetition or a misprint, it is my feeble attempt at waking up a sleeping world, at alerting them that the medical pharmaceutical establishment controls people's minds and bodies, even their souls!

The serpent talks with forked tongue in recommending the use of certain drugs in treating opportunistic infections associated with "AIDS". The PDR recommends a number of drugs for the "opportunistic infection", while the "contraindications" recited in the same description clearly indicate "AIDS" to be one.

These drugs are, among others:

trimethoprim-sulfamethoxazole (Septra, Bactrim, etc.)
cyclovir (Zovirax, purported to be an anti-herpes agent)
pyrimethamine (Daraprim)

Most are Burroughs Wellcome products (so is AZT). All carry strong warnings that such drugs may cause the development of malignancies.

Acyclovir is otherwise known as ***Zovirax***, described as "an antiviral drug active against herpes viruses".[R00370] It is sold as capsules, and also as an ointment and its function is described as very active against *herpesviruses, cytomegalovirus* and *Epstein-Barr virus*, but with vague allusions that the toxicity in the living body is remarkably higher than the toxicity in a test-dish.

Daraprim is an antiparasitic predominantly used in malaria and toxoplasmosis. Daraprim interferes with folic acid. Folic acid deficiency is a contraindication of the use of AZT, so let the reader draw his own conclusions!

Other medications that may increase risk of toxicity are

dapsone	flucytosine	interferon
pentamidine	vinblastine	
amphotericin B	adriamycin	

The second three are drugs used in the therapy of malignancy sufferers. ***Pentamidine*** is what is usually recommended for treating *pneumocystis carinii* pneumonia patients, yet another strange point to ponder... ***Interferon*** has been postulated for the treatment of "AIDS" patients, and is naturally produced in the body. Whether the naturally produced interferon is also of concern, is not mentioned in the study.

AZT AND CANCER

Did the manufacturers deal with the possibility that AZT may cause cancer? They report that *in vitro* (in the test tube) the drug caused malignancy, yet they say that "long term carcinogenicity studies of Zidovudine in animals have not been completed". Long term studies on the carcinogenicity of *fluoride* had not been completed when the opponents warned of this danger, and only in January of 1990 did the government agencies finally admit that such danger was very real. Yes, every so many minutes someone dies due to cancer, but the drug companies make fortunes while they use us humans as guinea pigs...

AZT AND MUTATIONS

Does AZT induce mutations? Well, it apparently depends on which cells are used in performing the various studies, and what concentration of drug is selected varying from values as high as 5000 ng/ml in certain rat lymphoma cells to as low as 3 ng/ml in cultured human lymphocytes (white blood cells). This shows a marked increase of risk for humans, by far!.

AZT has a disconcerting cross reactivity with *phenytoin*, a drug used to control seizures, sometimes increasing and sometimes decreasing its level in the patient's blood. "This finding suggests that phenytoin should be carefully monitored in patients receiving zidovudine since

many patients with advance [sic] HIV injections [sic] have CNS [central nervous system] conditions which may predispose to seizure activity." {R00370}

But the ambition of the medical-pharmaceutical industry knows no limits. At the same time as AZT was being released onto the defenseless public, Porton International in England was testing a "natural compound that was discovered by scientists in California". They were heartwarming in their concern for the victims on the brink of death. Although they affirmed that their product was "ten times better at destroying the reproductive capacity of the AIDS virus than AZT"{R02000/c.}, they were very "secretive about the chemical partly because the company very nearly lost the exclusive licensing rights that it now has over the compound. 'It very nearly went to Japan'" {R02000/c.} their chief executive said.

MODERN MEDICINE CAN NOT SURVIVE WITHOUT OUR FAITH, BECAUSE MODERN MEDICINE IS NEITHER AN ART NOR A SCIENCE. IT'S A RELIGION.

R.S.MENDELSOHN, M.D.{R00270}

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Our 24th Year
Serving the Healthcare Profession

AIDS Testing in the Physician's Office Lab

Should I Offer HIV Testing in My Office?

Gary M. Goldbaum, M.D., M.P.H.
Assistant Medical Director at the AIDS Prevention Project
Seattle-King County Department of Public Health

Assistant Professor in the Department of Epidemiology and
Adjunct Assistant Professor in the Department of Family Medicine
University of Washington.

Recent discussions in the popular press have suggested that the AIDS epidemic is waning. Nothing could be further from the truth. Although the rate of increase of new cases of AIDS has slowed, the absolute number of cases has continued to soar. By 1994 the number of cases reported to date is likely to double, approaching 300,000. Moreover, half of the cases reported to date have died. And despite major progress in the treatment of opportunistic infections, life expectancy has increased relatively little once AIDS has been diagnosed.

There is reason for optimism, however. Seroprevalence studies suggest that the rate of new HIV infections in this country is leveling off. And while HIV continues to move into new populations, the movement has been relatively slow. Among some populations, the rate of new infections has plummeted. For instance, among homosexual men in San Francisco, the rate of new HIV infections has dropped to nearly zero. In response to unprecedented public education efforts, sexual behaviors have changed dramatically, reducing the risk of transmission.

Moreover, lifestyle changes and widespread prophylaxis for pneumocystis carinii pneumonia have substantially increased the interval between HIV infection and AIDS. More than half the people infected prior to 1985 are still asymptomatic. Some individuals have been infected for more than ten years.

No longer can HIV infection be considered terminal. Rather, HIV disease has become a chronic disease, akin to cardiovascular disease. The analogy is striking. Most cardiovascular disease begins with a prolonged asymptomatic stage during which risk factors such as smoking, hypertension, and hypercholesterolemia, may be identified and modified. Likewise, HIV disease begins with an increasingly prolonged asymptomatic stage during which risk factors such as decreasing T4 cells may be monitored and prophylaxis instituted.

However, managing any chronic disease begins with identifying risk factors. Most practitioners are comfortable with the idea of asking about smoking practices, checking blood pressures, or testing cholesterol levels. We should have no more problem asking about sexual and drug using behaviors, examining for lymph nodes, or testing for HIV. this is simply an extension of what we usually do for our patients— we ask questions, conduct an examination, and obtain appropriate tests to help us diagnose and treat disease.

Still, HIV is a different beast. Patients infected with HIV are often homosexuals or injection drug users, groups with whom some physicians are uncomfortable. The management of HIV disease is changing far more rapidly than the management of any other condition, leaving some physicians feeling out of touch. And the legal climate surrounding HIV disease is highly charged, creating fears of legal challenges.

Nonetheless, most physicians also feel an ethical obligation to provide decent care for all

Continued on page 10

finding has not been adequately substantiated. Moreover, its clinical significance is uncertain. Regardless, today's standard of care is HIV antibody testing, not viral culture.

However, the office-based HIV tests currently proposed would generally provide only screening for HIV antibody. Screening tests (notably ELISA without confirmation) have unacceptably high false positive rates, nearly 100 times greater than for screening tests combined with confirmatory testing. Consequently, in the office setting (where most patients are not in the highest risk groups), false positive results by screening tests alone may be more common than true positive results

THE BUSINESS SIDE OF AN "EPIDEMIC"

mber 12 April, 1992

PI Perspective

Project Inform
San Francisco, California

"AIDS Research is No Longer a Priority"

(and neither is AIDS prevention, education, or care) - U.S. Congress

...ssional sources close to ...U.S. budget appropriations ...cess tell a story which should ...ify each and every person in... ...ed with HIV, or at risk of such ...ction. In this time of S & ... ...outs, massive red ... illusory pea to get to the ... ...dies

- *The real AIDS research budget:* how small it ... Of... really is, and how the public, including ... many AIDS organizations, have been ... about how much is being ... waiting to be tested? ... country whose milit... budget is about $882 mill... per day? Is this how we ... *"AIDS is our number one m... cal priority?"*
- *The Mur...*

Table 1: The Real NIAID AIDS Budget (in thousands)

Budget category	1990	1991	1992
Total NIAID AIDS program	393,083	431,395	459,000
Admin. costs, overhead	19,352	21,410	(unsettled)
CLINICAL RESEARCH:			
Adult ACTG	63,900	42,300	48,500
Pediatric earmarked, ACTG	15,500	40,000	38,200
CPCRA	15,800	17,300	17,962
Vaccines, other NIAID clinical)	17,300	19,000	20,300
(Subtotal)	112,500	118,600	124,962
	2,400	3,100	2,900
Minority school awards	56,000	61,700	62,600
Population studies (MACs, hemophilia, neonatal trans., etc.)	3,000	3,100	(unsettled)
Information and educ & prev.	2,600	3,400	3,500
Training awards for post-docs	25,200	27,600	29,200
Vaccine research: development	74,800	82,000	83,500
Drug development grants	92,000	104,000	102,000
Basic research	11,400	13,900	14,450
"Centers" program	780	985	(unsettled)
Career awards	500	600	(unsettled)
Scientific review & eval. awards			(unsettled)
Added totals	400,532	468,295	

the amount going to the NIAID AIDS program, about $450 million in 1992. That amount is ...

...ie, no one, not even brazen bigots like ...lesse Helms or Congressman William ...yer will say things quite this clearly, ...ay or another, they've managed to ...sage across. It doesn't matter that ...eliefs are utterly wrong and read... They have already worked their ...inal policy.

...s Proposed Budget

...re after the remarkable reve... ...Johnson about his own HIV ... Bush finally acknowledged ...ie enough for AIDS. Watch ... to see how much he cares. ...e released, there was talk ...ollar increases. The real ...ers:

...(over 1992):	+ 13%
...ng:	+ 4.9%
...get:	+ 5.1%
.....	+ 3.8%
...search	12%

...keep ...who needs it.

The Texas Debacle

...Rudael

...*President's mi... ...d how AIDS bill... ...s.*

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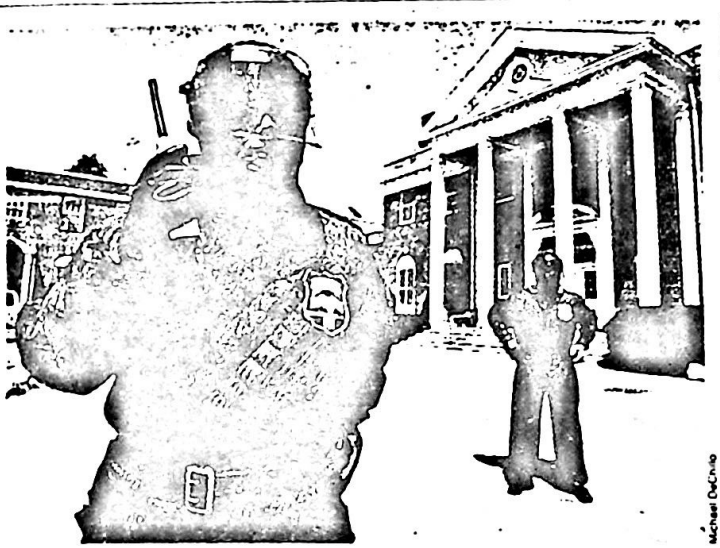
Some Call It "AIDS"... I Call It MURDER!

lical Tribune

INTERNATIONAL MEDICAL NEWS

Wednesday, August 3, 1983



Michael DeChino

The latest in anti-AIDS fashion: biteproof, scratchproof suits, modeled by guards at Westchester County Jail, Valhalla, N.Y. Suits have yet to see action.

AIDS Epidemic Strikes Home Beyond New York-Frisco Axis

BY JOSEPH R. HIXSON

AN AGONY FOR ITS VICTIMS and a vexing problem for big city and state politicians in New York, San Francisco, Los Angeles, and Chicago, the epidemic of acquired immune deficiency syndrome (AIDS) is posing more subtle problems for hospitals and physicians beyond the metropolitan areas where homosexuals are clustered

On Long Island, New York, a community hospital was faced with a demand by two dozen citizens for a private blood donor pool. In Salt Lake City, Utah, a local press furor over two AIDS patients had hospital employees refusing to serve the patients meals, and doctors refusing to endoscope them for fear of instrument contamination. And physicians in the Midwest were shipping patients to New York University and Memorial Sloan-Kettering Cancer Center, New York City, for treatment—either expecting some miraculous

Continued on page 12

NCI Embarks on Trial of LHRH In Prostate Ca

BY NATHAN HORWITZ

NEW YORK — In the wake of preliminary studies reporting dramatic improvemen in advanced prostatic cancer after trea ment with luteinizing hormone-releasir hormone (LHRH) agonists, the Nation Cancer Institute (NCI) has disclosed it sponsoring an 18-center collaborati study of LHRH therapy in 300 patien with stage 4D prostate cancer.

The 18-month trial will be conducted b the National Prostatic Cancer Project, wi Dr. Gerald P. Murphy, of Roswell Par Memorial Institute, Buffalo, as princip investigator. Among the participating cer ters are Roswell Park, Massachusetts Ger

Continued on page 1

Israeli MDs End Strike, Will Arbitrate Issues

Medical Tribune World Service

JERUSALEM—A hunger strike for more pa by some 3,000 public hospital physician ended after two weeks when the goverr ment agreed to arbitration. Up to half th strikers had been hospitalized.

The action, which climaxed months o fruitless talks and an earlier general strike occurred during the last fortnight in June It began at Soroka Hospital in Beersheb and spread to hospitals at Haifa, Galilee and here. Four of 17 major hospital closed major departments, and most wer handling emergencies only.

Continued on page

AZT AND OTHER FRAUDS

Dr. R.S.Mendelsohn tells us that "if drugs were merely products of medical ***SCIENCE***, dealing with them would be a matter of science, rationally and commonsense. But drugs aren't merely scientific --they're ***SACRED***...drugs are the *communion wafers* of Modern Medicine. When you take a drug, you're communicating with one of the mysteries of the Church: the fact that a doctor can alter your inward and outward state if you have the faith to take the drug." {00270}

:NTAMIDINE, THE FRAUD NEVER ENDS...

Yet another drug, with no better track record of safety and effectiveness, but with a magnificent history of lethality, worth and senselesness, and a mysterious interconnection with U.S. Government Monopoly, is the substance known as ***pentamidine.*** It is *allegedly* instrumental in the *treatment* and/or *prevention* of *pneumocystis carinii pneumonia*, but the few facts *really* known about it do not bear this out.

The data encountered in the PDR {R00370/pp.1246-1250} tell us that it "is known to have activity against *Pneumocystis carinii.*" How this "is known", how effective and how safe the product is, is not explained as it usually is with other drugs. To the contrary, we are told that "The mode of action is not understood", a statement that is very ironical coming from people who make fun of vitamins that have modes of action not totally scientifically demonstrable by the people who use them. This statement is expanded in the section on clinical pharmacology of the *injectable* pentamidine. "*In vitro* studies with *mammalian* tissues and the protozoan *Crithidia oncopelti*, indicate that the drug *interferes* with *nuclear metabolism* producing *inhibition* of the synthesis of DNA, RNA, phospholipids and proteins." {R00370/p. 1249}

In one word:

PENTAMIDINE SUPPRESSES PROTEIN , RNA, DNA, AND PHOSPHOLIPID METABOLISM IN THE CELLS OF MAMMALS, PROBABLY ALSO IN THE PATIENTS WHO TAKE IT

Whereas older issues of the PDR do not mention *pneumocystis* as one of the parasites vulnerable to pentamidine, the 1990 issue tells us, without making even the most minimal effort to provide scientific substantiation, that *in vitro* the drug interferes with the synthesis of proteins and nucleic materials. Even the description of AZT was written with *some* effort to make the verbiage *seem* scientifically sensible,having two closely printed columns of pharmacologic information, but not so pentamidine's, which bypasses such niceties completely. All it tells us is that "the mode of action is not fully understood."{R00370/p.1248}Is it supposed to prevent PCP infection? "The potential for development of acute PCP still exists in patients receiving Nebu-Pent prophylaxis." How *is* it supposed to prevent PCP infection? No comments... It tells us of serious side effects such as bronchial spasms and cough (how is this supposed to be of benefit in the treatment of, or prevention of pneumonia?). Under ***precautions***, it warns that it "should be used with caution in patients with hypertension, hypotension, hypoglycemia, hyperglycemia, leukopenia, thrombocytopenia, anemia and hepatic or renal dysfunction." In one word: it is *potentially dangerous* to those who have :

high blood pressure	low blood pressure
diabetes	low blood sugar
low white blood count	low platelets
anemia	kidney or liver problems

Since low white count is one of the symptoms of "AIDS", how can anyone recommend this substance to an already impaired person, who probably *also* has low platelets and low blood pressure or low blood sugar?

A serious risk is that it may wipe out the pancreatic islet cells that produce insulin *at the same time* that it causes low blood sugar. In he opinion of those who wrote the PDR article, blood sugar and cidney function should be monitored daily, in those who take this substance. There should be regular tests of liver functions, calcium and electrocardiograms. Under ***adverse reactions***, we are told that up to 72% of those using inhaled *pentamidine*, experience "fatigue, bad (metallic) taste, shortness of breath and decreased appetite." (R00370/p1249). Imagine, trying to put weight on someone, and giving them something that makes them lose their appetite! Up to 47% are described to develop a rash, and up to 29% would have night sweats, chills and vomiting. The chamber of horrors continues with an enumeration of other problems which have occurred due to the intake of a pharmaceutical ***poison*** that is neither safe, nor effective, and for a condition that does not even exist. These problems, occurring in 1% to 5% of patients are:

FOR INHALED PENTAMIDINE	FOR INJECTED PENTAMIDINE
pneumothorax [perforation of the lung]	leukopenia [low white count]
diarrhea	hypoglycemia [low blood sugar]
headache	thrombocytopenia [low platelets]
anemia [esp. when used with AZT]	hypotension [low blood pressure]
myalgia [muscle pains]	acute renal failure
abdominal pain	hypocalcemia [low calcium]
edema [swelling]	Stevens-Johnson Syndrome [toxicity]

Other symptoms, some of them fatal have been reported. Among these are heart problems, mental and emotional distress, etc.

One of the rather peculiar pieces of advice is ***not*** to use pentamidine ***inhalant*** when a patient *has* PCP. The PDR tells us that "The recommended dose of Nebu-Pent for the prevention of PCP is *insufficient* to treat acute PCP."{R00370/p.1248}. This flies in the face of the fact that innumerable individuals with *diagnosed* PCP are using the pentamidine *inhalers*.

Despite strong protestations in the PDR, that the inhalation of pentamidine *is not* an appropriate treatment for *pneumocystis carinii* infection, such warnings are not repeated in the manual that is handed out to patients.{R00171} (The one I am using for reference, given to patients at a San Antonio Clinic, is a reprint of materials handed out by the Respiratory Care Service, San Francisco General Hospital). It states, to the contrary, that a "recent study has indicated that aerosolizing pentamidine...has been successful." {R00171/p.1} It adds that "aerosolized pentamidine is a promising treatment for mild to moderate cases of PCP."{R00171/p.6} This flies totally in the face of the quote from the PDR referenced above.

What were the criteria used to evaluate success? What is the sense in using an irritating aerosol to insult lungs which have little defense (lungs are naturally not provided with interferon), where minute particles may carry chemicals or viruses of unknown danger? The very thought of this *treatment* being liberally offered to so many, makes me think back on the design for a multiple monster malignant virus (MMMV), described by the Cold Spring Harbor researchers that worked on a hypothetical design, which had to *include* the capacity of being spread by aerosolization....

The treatment also recommends the use of bronchodilators, substances which are in their own right stimulating of viral infection, immunosuppressive, and may cause rapid heart-beat and sweats. One must wonder what malice possesses someone who would inflict such ridicule on his fellow man and charge him for it.

ANTIBIOTICS

The Medical Establishment has had a love affair with antibiotics for the past 50 years. It would be impossible to give the reader an outline of the severe side-effects, contraindications and problems that antibiotics may cause in those who take them. The gay population has overdosed on these for a good part of the seventies and eighties, convinced that they would prevent them from developing all kind of maladies. They were unaware that not only do antibiotics kill the friendly bacteria of the intestine, creating a potentially harmful imbalance which often ends in *severe, persistent diarrhea*, but that antibiotics are the product of the metabolism of *living fungal organisms*, which produce immunosuppressive substances, and carry their own viruses, in such a fashion that they may easily parasitize the patients who receive them. *Antibiotics may carry fungal and viral genetic materials.* It is likely that many organisms now parasitizing the so called victims of "AIDS" were injected with dirty needles; ***dirty*** not because they were not washed or sterilized, but because they were inserted in a sterile glass bottle containing *not so sterile* antibiotics.

ANTIBIOTICS MAY BE CARRIERS OF VIRAL AND NUCLEAR MATERIALS

ANTIFUNGALS

"AIDS" victim have a very high incidence of fungal (yeast) infections. Therefore, they are often given ***antifungal*** medications. The PDR lists these under the category of ***Fungal Agents,*** which is strange form of Freudian slip. It subdivides them into ***Systemic*** and ***Topical.*** Many are mentioned, among them: Ancobon, Fulvicin,

Fungizone, Grifulvin V, Monistat, Mycostatin, Nizoral. They belong to the chemical families of the substances *fluocytosine, nystatin, ketoconazole, griseofulvin.* Some are *iodized* compounds. Most are products of biologic metabolism of other fungi, and carry the same potential for transmitting nuclear and viral materials, as do the antibiotics. In the same fashion, they also may promote the development of resistant species. The reader may want to familiarize himself with various antibiotics and antifungals. There are many good reference materials available at book-stores and pharmacies.

THE GENERAL SENTIMENT ABOUT AZT

After a long time of depressing news-releases about the unavailability of an *effective* drug to combat "AIDS", the press engaged in a series of glowing reports about what it touted to be the first drug that had some promise in "AIDS". This was the substance AZT.

Truth in advertising does not apply to medical research, where promises are cheap, especially when the "AIDS dogma" affirms and disseminates the foregone conclusion that the people to be treated with this drug would invariably succumb to the underlying (under lying?) disease. Emotions fly high when discussing the pros and cons of this highly controversial and terribly expensive drug. Opinions are many, and varied.

The San Francisco AIDS foundation addressed the AZT issue in its June 1989 installment of BeTA (BULLETIN OF EXPERIMENTAL TREATMENT FOR AIDS). We have often heard it said that *assume* is what makes an *ass* out of *u* and *me (ass-u-me*). All of us *assume* that the medical-pharmaceutical industry is a *humanitarian* concern, whose purpose is to actively work at making diseases disappear permanently and safely, not only in the case of "AIDS", but for other illnesses as well. We forget that to get investor's $, a business has to

promise growth and profit for anyone to invest in it, and from the point of view of an investor who is looking for long term benefits from his enterprises, eradicating the basis of these profits (sales and reorders of a product or services, certainly does not invite large risk capital investments.) An investor has to have the reassurance of continued sales and profit, that only a serious,chronic, preferably incurable condition can offer, where the invested funds are used for *management* of the ***resource*** (the patient). Can you imagine that a banker would actually pour millions into R&D for a condition that is self limiting and can be eliminated by the eating of chicken soup? Mercenary, but factual.

ɔn Baker, author of an article on the subject of AZT, quotes the inion of three physicians, illustrating the remarkably different oints of view that are represented.{R01070}

The first one is pro-AZT, the other two against. The *pro* statement comes from John Bartlett, MD.., Clinical Research Director, AIDS Clinical Trial Unit, Duke University Medical Center, HIV Therapeutics, who published in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Vol. 260 (20) 3051. Under the heading: "An Emerging Science" he said that "Zidovudine (AZT) [was] now the standard of care for persons with ARC and AIDS and should be given whenever possible." This opinion flies in the face of that expressed in the PDR (usually considered a standard in medical care) to which Dr. Bartlett obviously paid little attention.

The other two physicians oppose the product. Andrew Moss, PhD, Director of AIDS Epidemiology Group at UCSF affiliated S.F. General Hospital, made his statement to the 73rd Annual Meeting of the Federation of American Societies for Experimental Biology at a meeting in March of 1989, in New Orleans, and it was published in the April 3, 1989 CDC WEEKLY, page 3. He said that AZT was "not a very impressive drug for treating AIDS."

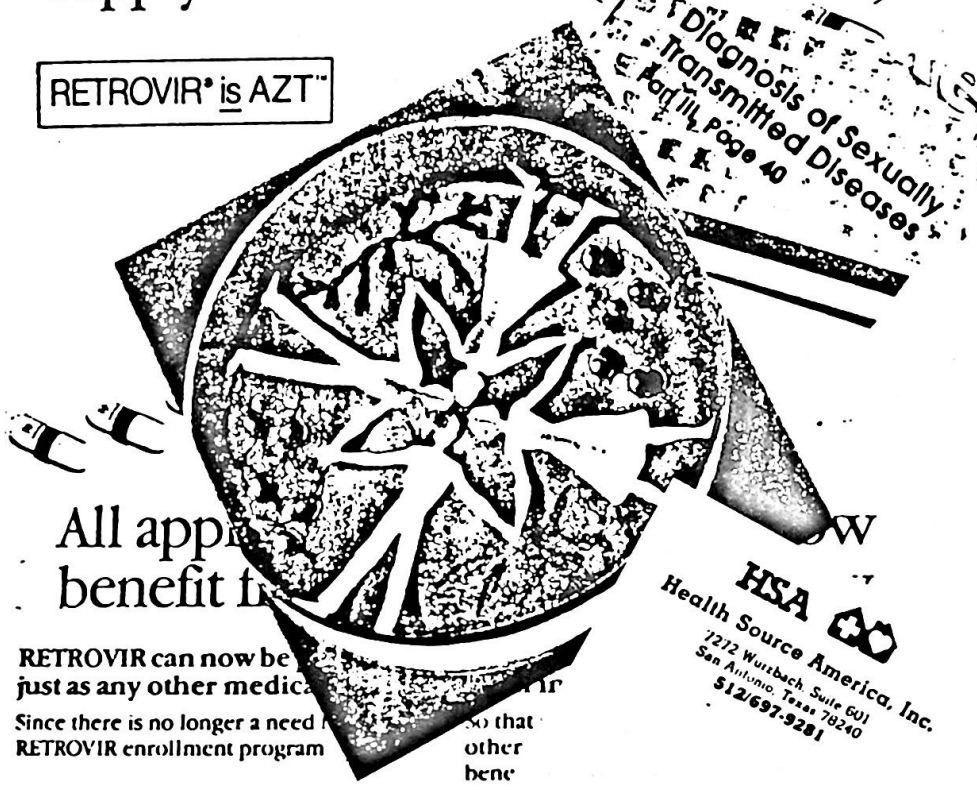
Mark Jacobson, MD.. and John Mills, MD.. from USCF joined the *anti* crowd by stating that "'AZT should not be used to treat asymptomatic HIV-infected patients until further data are available for clinical trials.'" Their work was published in the ARCHIVES OF AIDS RESEARCH, III(1,2,3):203-216, 1989.

BeTA echoes prevalent information, without attempting to analyze whether the purported conclusions of each study even match the reported facts, and without any analysis of the appropriateness of study design. This in no mean intends to be an adverse criticism of this publication, only a statement of fact. Totally discrepant positions, incomprehensibly stemming from the same data, are very common with most information that surfaces either on "AIDS" or "AIDS" drugs. Differences of opinion such as these can exist only where facts are totally insufficient. Informed people know, opinions are only necessary when data are incomplete, and one should certainly not recommend the use of a substance that is so inadequately evaluated!

BeTA also addresses all sort of other treatments and research projects, a wonderful effort that unfortunately has only minimal application because it labors under the incorrect *assumption* that the treatment of "AIDS" must be directed against HIV, or target T-cell function, even the CD4 protein. The reader must remember that "AIDS" (whatever it may be), is only an *abstraction*, that the one to be treated is the ***patient***, and this has to be done in a completely different manner, by furnishing the building materials to turn on the body's own defense mechanisms.

AIDS UPDATE

A significant increase in the supply of RETROVIR® (zidovudine)



IMPROVING LIVES THROUGH ANTIVIRAL RESEARCH

ARE THE DRUGS THE REAL CAUSE OF DEATH?

CHAPTER XXXI

DANGERS CREATED BY MEN WHO WOULD BE GODS

THE MAGIC APPEAL OF IMMUNOLOGY

As stated previously, immunity and the immune system were only discussed in the halls of *academia* until they exploded before the eye of the public with the incredibly successful and thought through marketing campaign we now call "AIDS", early in the 1980s. But the foundations were laid in the previous decade, since the late 60s and early 70s when those "in the know" learnt the skills, until then a big taboo, of manipulating the genetic makeup of the inhabitants of planet Earth, maybe of the whole Universe.

Time is an extremely relative concept: just as the Biblical "time to live and time to die, time to sow and time to reap", there is a time to research and a time to reap the benefits of such research. Many articles about the new knowledge of genetics were published, most

of them obscure, either by accident or by design, so that this extremely important issue, vital to all living remains in as much dark anonymity as the chromatographic analysis of a nebula countless light years away.

One appropriate example of the combination of confusion, technical muddling and inaccessibility of this knowledge, can, for instance, be found when reading an analysis written by Celso Bianco, from the Rockefeller University, who made a comparative study and summary of these texts. This particular piece of information was picked randomly, but is illustrative of the goings on in the world of Scientific Publishing, the art to print much, say little and explain even less.

IS SCIENTIFIC PUBLISHING THE ART TO PRINT MUCH, SAY LITTLE, AND EXPLAIN EVEN LESS?

As an illustration of the business of science writing, and the strange parameters by which it operates, I randomly picked a small paragraph from a section of a magazine, where recent publications in the medical field were discussed. This one was a critique authored by Celso Bianco from Rockefeller University.

In 1977 he critiqued two books: IMMUNOGENETICS AND IMMUNODEFICIENCY, by B. Benacerraf, copyrighted in 1975 (much earlier than 1982, when those words entered the "AIDS" popularity contest), and THE ROLE OF PRODUCTS OF THE HISTOCOMPATIBILITY GENE COMPLEX IN IMMUNE RESPONSES, by David H. Katz and B. Benacerraf, copyrighted in 1976. The first had 262 pages, the second 780. Yet, the cost was $29.50 for the first and $28.00 for the second one, an interesting quirk of economics. The first was constructed more as a textbook, than as a

purely scientific volume and it mostly addressed "The inheritance of structural markers of molecules of the immune system and its ability to mount an immune response, as well as their intriguing association with transplantation antigens and genetically determined immunodeficiencies"[R01140]

The second book was considered too technical in general, but, referring to its last chapter, he says: "It is very stimulating and conveys the drama and excitement of the confrontation of immunology with the tremendous problems of ***T lymphocyte*** [emphasis added] recognition, cellular cooperation and transplantation immunity". This particular book was a summary of 40 articles presented at a meeting at Brook Lodge.

Please, consider that meetings are expensive and vastly financed by grant-fishermen and manufacturer-bait. The prospect of new studies for which genetically engineered substances could be produced, was bright. Nobody was yet testing for T-cells, but once an easy process would be made available, who knows... Good marketing skills can sell a freezer to an Eskimo. It is 13 years later now, and ***nuclear war is practiced at cellular level. T-Cell worries are far more predominant than A-Bomb panic.*** And it is much easier to sell test-kits than fall-out shelters, and definitely more lucrative!

Somehow, the media first found *Herpes*, even *Herpes encephalitis*, but it did not fly, *Lyme's disease* was weak, but "AIDS" had it all!

A NEW FIELD OF PRODUCTS LOOKING FOR AN OUTLET

The public is largely deluded and disinformed about the moral qualities of *scientists*. If you would ask almost anyone not directly involved with the field of commercial research about how the discovery of "AIDS" and the commercial tests, viral studies, etc., their consensus, would probably be that the disease was *discovered*

and then, devoted and selfless men of science labored at solving the problem of the originating entity, the tests to be performed for further studies, etc. Little do they realize that since the advent of genetically engineered probes and immunologic testing the health-industry (I prefer to call it the *sickness-biz*) was flooded with products begging for a commercial use. Texts and paraphernalia for the diagnosis and treatment of immune diseases were stored and not in demand, hiding in obscure corners of libraries and supply houses, and those who had invested millions in companies just because they had the word "***Gene***" as part of its logo, were frustrated and angry. Solar calculators and portable computers were new toys to marketers and promoters, and they were warming up from all those nervous, sweaty fingers looking for either a gracious out, truly unvailable, or an increased need for products to read anywhere from ral antibodies to allergens in food products.

. would be a hard task without something to really grasp public awareness: after all, it is the half million or more of practicing physicians in the United States, the clinics and health services, the blood banks and plasma centers, the labs and government agencies that would have to be convinced that a test for an *IgG* or *IgM* (acronyms they had not encountered since their first year of medical school) could produce the type of glory a physician usually looks for:

1.-impressing the patient with the doctor's encyclopedic knowledge,
2.-getting good dollars for worthless lab tests,
3.-permitting to arrive at a diagnosis suitable to make the insurance agencies pay for such a procedure, invoking the proper secret code
4.-establish a long term dependency of the patient on the physician because the fascinating diagnosis usually defines a chronic, lifelong illness.

It took some enlightenment and medical knowledge beyond that which has been diluted by 40 years on the golf course to understand the value of immunoglobulin testing. Only so called *alternate* practitioners used to find any value in IgG and IgM tests. This practice was often ridiculed by the rest of the professionals, who were unaware of their significance and value, and had for years only heard that performing such tests, and diagnosing conditions related to them, was labelled *quackery*, something that the *establishment* would describe in a language usually reserved to the prototypes of the blind believers in the goddess of science, the pro-fluoridation proponents, denouncing that only drugless healers of all kinds, health nuts and little old ladies in tennis shoes, believed in them.

But the recombinant industry changed this. Money beckoned in the immunology field, and previous ridicule had to be expediently replaced by new-found prestige, if these products were to be sold. The diseases and the corresponding lab tests had to be taken out of the bamboo cage and glamorized into the acceptance of Park Avenue doctors. Glossy literature extolling advantages, clinical and monetary, of performing such testing began to be mailed to health practitioners and facilities, nationwide.

WHAT CAME FIRST: "AIDS" OR THE QUEST FOR THE MOST PROFITABLE TEST?

When scientists come together in the heavily carpeted salons of hotels and convention centers, they are painfully aware that not only do they have a duty to entertain, inform and, hopefully also educate their audience, but that they must generate productivity to raise the megabucks it takes to pay for three Martini lunches, carefully manicured golf courses and first class airline tickets.

One such meeting was a conference on "Oncogenes and Retroviruses" which took place in 1982. It was reported in ONCOGENES

AND RETROVIRUSES: EVALUATION OF BASIC FINDINGS AND CLINICAL POTENTIAL, c. 1983 by Alan R. Liss, Inc., 10 Fifth Ave. New York, N.Y. 10011.

Oncogenes are *genes (DNA and RNA particles)* which cause cancer. ***Retroviruses*** *are those RNA viruses which cause tumors AND contain reverse transcriptase* enzyme, being able to inscribe themselves into the nucleus of the cell. *Retroviruses or retroviridiae* in Latin is the family of viruses to which the *HTLV (Human Lymphotropic Leukosis Viruses or Human Leukemia Viruses)* belong to, of which HTLV-III the alleged "AIDS" virus is one prominent mem-

{R00330}

HTLV viruses were well known since the mid seventies, when R.C. Gallo was reported to have discovered a *human* leukemia virus, expediently soon after Sir Thomas Burkitt was given a Nobel Prize for a similar accomplishment. This is the same Dr. Gallo who became prominently involved with this so called "AIDS epidemic", which very conveniently broke out in conjunction with funding needs that were described long before the name "AIDS" was invented.

Where do we learn about such research-green woes?: from the transcripts of certain informal discussions during the conference mentioned above.

When many of the papers had been formally presented, an informal period ensued at the conference. In these informal moments, those who deliver the ***Dogma of Obscure Science*** talk relaxedly, virologist to virologist, unaware that they are not necessarily off the record. So, at this virology meeting's informal chat, the president of the NCI, Dr. Frank J. Rauscher decided to concentrate on what he likes to refer as ***people benefits*** that culd be derived from all of their abstractions and basic findings. I am sure that Dr. Rauscher's ideas

about people and benefits was not necessarily identical with what some of us *lesser humans* would perceive them to be: patients and healing. He discussed "the possibility of considering a vaccine against the HTLV viruses that have been discussed here by Dr. Gallo and Dr. Myoshi. It would appear that this is not a realistic option at this time in view of the relative incidence of this disease". What he was referring to was the relative rarity of the leukemias caused by that virus. He added, however, that it was time to start thinking about it, even if it had not been *worthy of thought* not too long ago.{R00320} He expressed high hopes that in the future they, the MD.s --mad doctors-- would be able to *interfere* (GOD FORBID!!!) with the mechanisms in the genes to ***manipulate health and disease to the utmost.***

HEALTH AND DISEASE CAN BE MANIPULATED BY ACTIVATION OR INTERFERENCE WITH GENETIC "SWITCHING MECHANISMS". OUR STRINGS CAN BE LITERALLY PULLED LIKE THOSE OF THE PROVERBIAL PUPPET BY WHOEVER UNDERSTAND THEIR WORKINGS.

Dr. Gallo introjected some very important information at that point: "each of the viruses from either this country or Japan are essentially identical and are also similar to the virus isolates we have been seeing in the Caribbean. They belong to a common family".{R00330}

DOES UNDILUTED SERUM ACTUALLY INHIBIT VIRAL REPRODUCTION? HERE IS VIROLOGIST'S KIRSTEN'S OPINION...

A few very important commentaries were made by one of the lecturers, a Dr. Kirsten, commentaries that are of special interest to us because they echo the core of Dr. Robert Strecker's theory expounded on in BIOATTACK ALERT. (Strecker is a Los Angeles physician, who also studies the relationship between "AIDS" and vaccines). Kirsten stressed a previously established conclusion of Dr. Myoshi's and Dr. Gallo's the best known and famed of the scientists, that "the viruses are perhaps similar, possibly related to bovine leukemia virus or leukosis virus" (that is, the bovine leukemia virus of cattle). Another important factor he stressed was that there was a substance present in serum that exercised a controlling or inhibitory effect on viral reproduction, so that infection could only occur if the serum was diluted.

HTLV IS VERY SIMILAR TO BOVINE LEUKEMIA VIRUS

When you shoot off your mouth, you must always beware of a boomerang effect that may cause what you have spoken to come back to haunt you. Dr. Gallo seemed very uncomfortable with the direction the conversation was taking. --"I think [he said] I have got myself into trouble in the past by constantly referring to similarities of the biology of this virus, HTLV, and the biology of bovine leukosis. Saying this frequently enough has caused some reviewers to state that the virus we are dealing with is, in fact, bovine leukemia virus. That, patently is absurd."{R00330} A very erudite discussion in geneticist's jargon followed to make it as clear as such a lie could become that there was no indication of such similitude. He then rapidly brushed over the issue of an inhibitory factor, another subject rapidly to be made delicate by the fact that the possibility of synthesizing it (and making some good money at it), probably existed.

RECOMBINANT DNA PRESENT IN MONKEYS USED FOR VACCINES?

Although law after law was written to make rules and ordinances to *contain* recombinant experiments within the laboratories, they made little provision against the direct inoculation of recombinant materials into humans via cells used in cultures for vaccines.

Where would these recombinants come from? Initially, the selection of monkeys for vaccine production followed certain guidelines (if they were kept) made up by the World Health Organization. Its REQUIREMENTS FOR BIOLOGICAL SUBSTANCES NOS. 1 & 2, page 20, states that: "3.1.2. MONKEYS Suitable species of monkeys, in good health, shall be used as the source for kidney tissue for the production of poliovirus....Kidney tissue from monkeys that have been used previously for experimental purposes shall not be used. An exception can be made in the case of monkeys used for the safety or potency tests with negative clinical findings."

Monkeys do not come cheap, their prices fluctuating between 600 and 10.000 dollars, and are to be sacrificed in a specific way after use. The law alleges that caretakers may grow fond of the animals, and therefore these simians should be disposed of after hours by support personnel. I can well imagine an underground *monkey business* buying and selling to other labs, at substantial savings, the hairy creatures that had already been used in experiments and were carrying all manner of disease in their body. After all, who would refuse an opportunity to purchase a good looking monkey at half price, if no-one could tell what test he had been used for?

Not only were we beset with the many times the law was probably violated, but in its immense wisdom, the CODE OF FEDERAL REGULATIONS now gives far more latitude to the reuse of laboratory monkeys: it recommends that such animals already used in

experiments *could* be reused if they did not develop clinical illness in a period of 6 weeks after the studies. If genetic material of the recombinant type is injected into an adult monkey, it most probably would not cause clinical illness, but what is the potential for those molecules to induce mutations in newborns injected with vaccines grown on materials containing recombinant molecules? What is the even worse scenario when those generations injected with such abominations are going to try to have a family and babies will not be conceived or born dead because they are victims of recessive or dominant lethal traits, or, even worse, will be born part rattlesnake or part rodent? The time for these events to start manifesting, if my fears are correct, is pretty soon, because the recombinant experiments started actively in 1972. *When* this recombinant DNA was first incorporated into live monkeys is unclear, but sooner or later we shall discover it by its consequences...

GENETIC ENGINEERING...HAS IT STRUCK OUT ALREADY

A genetically engineered DNA usually contains a *vector* or *plasmid* (the genetic taxi-cab) attached to a biologic *trait* or *capability* wished to be *expressed* (produced by the cellular metabolism). When the desired gene is inserted in the cells of mammals, the production of the substance usually begins quite actively. If, in a hypothetical case, a *genetically engineered* molecule would be inserted in the human body, one could expect to start noticing symptoms caused by the *integration* (insertion of nuclear material into the cell's genome) *of the vector* as well as intracellular production of the substance this gene codes for. If we would insert cells *immortalized* by *Epstein-Barr* carrying cobra venom genes, one would expect to see somebody suffering from mononucleosis and dying, at the same time from red cell destruction typical of cobra venom. What could one expect to happen from *insertion* of the so freely used *interferon promoting double stranded RNA* already in use in 1968, and the later invented biotechnology immortalized *B-cells* with *interferon genes*?

For this reason, the process mentioned in the next paragraph is of great importance:

INTERFERON IN PERSISTENT EPSTEIN BARR INFECTION AND "AIDS" (this might be quite important)

Interferon, a *cellular antiviral* naturally produced in biologic systems, is scarce and rare. Its production in larger quantities became a desirable project as soon as scientists discovered this substance and wished to have it for commercial use, and was the early motivator of the first steps taken in the genetic engineering industry. Interferon, ***naturally cell bound***, does not normally ***circulate*** in the blood of human beings. However, ***circulating*** interferon *has* been found in the following:

systemic lupus erithematosus
"AIDS" (many of which have persistent EBV infection)
chronically infected immunodeficient children

A study was initiated in Navajo children by Dr. J.F.Jones and others (R01670). The indian children were suffering of a condition presenting with signs and symptoms which could be reproduced by administering "crude or purified natural or recombinant interferon preparations" to them. It was determined that the serum interferon found in their blood stream inhibited the formation of white blood cells in those suffering from ***severe combined immunodeficiency***.

In some individuals another enzyme related to the synthesis of interferon was present: *2'-5' oligoadenylate synthetase* in the white blood cells, "suggesting that interferon production may have occurred in...patients. However, this enzyme may be constantly present in cells or induced by substances other than interferon."

CULTURES INVOLVED IN GENETIC ENGINEERING CONTAIN THE EPSTEIN-BARR VIRUS AND THE CAPACITY TO PRODUCE INTERFERON. COULD THE ABOVE BE THE PROOF OF THE CONNECTION BETWEEN THAT INDUSTRY AND OUR RASH OF ILLNESSES?

Peculiarly, Harvard Researcher Anthony Komaroff (TIME) "suspects that another virus, ***perhaps an 'EBV mutant***' will eventually prove to be the cause." As I have stated before, maybe one of the many used in *Biotech*, the super-science where nothing could go **RWONG? WRRONGG? ROONNG?**

TIME A YEAR IN REVIEW 1977
Science
Fears of Frankenstein
Perils and promise of DNA research
MULTIPLE
MALIGNANT
MONSTER VIRUS
Bad Vaccines?
Could any of the world's stock of vaccines be contaminated by animal retroviruses similar to AIDS? Jeremy Rifkin and Foundation on Economic Trends plan formally to petition World Health Organization to test its smallpox
Key to the molecule
Science & technology
GENENTECH IS CLIMBING DOWN FROM ITS HIGH HORSE
It's eager for joint ventures with drug R&D startups

Figure 1
Genetic and structural constraints operate to contain the emergence of an extremely virulent virus.

MISSING IN ACTION OR IN SOME UNHOLY MEDICAL EXPERIMENT?

"THE ANDROMEDA STRAIN, THE CHIMERA AND THE GOLEM" (R01300)

CHAPTER XXXII

RECOMBINANT DNA: THE MATERIAL THAT MONSTERS ARE MADE FROM

MANIPULATING THE IMMUNE SYSTEM

The fascination the immune system exerts over the drug industry did not start with the mysterious beginning of "AIDS", but rather with the dubious blessing of technical progress in the recombinant DNA industry. "AIDS" is only a Johnny come lately that appeared on the scene when the manufacturers were swamped with the expensive but largely useless substances they had fabricated, looking for a disease that would make it acceptable to market them. Something like money-laundering.

The Swiss, producers of pharmaceuticals *par excellance*, whose accomplishments include the discovery of a cheese that is mostly holes and a banking system that permits them to hoard the fortunes of the world, had been developing *immune stimulants* for a long time.

Not that immune manipulation was even then considered either safe or guaranteed! "Manipulating the body's immune system is still a primitive art without a logical chemical foundation. But, gradually, a foundation of sorts is being worked out as researchers take a two pronged attack. At one level, the body's own constituents --how they affect and control immunity, and how that control goes awry, are being described".{R01220/g} Human life is cheap, simpler to replace than laboratory animals. Researchers are usually utilitarian. The lack of a logic chemical foundation does not keep them from tampering with products that can be sold for healthy profits, if not healthy bodies.

At the time of a big symposium on immune stimulation, at an ACS meeting in Miami Beach, "Dr. Jean-Francois Bach and his colleagues at the Hospital Necker in Paris" were studying (*characterizing*) a chemical component produced by the *thymus gland* which they named FTS. Since it was a rather simple compound of known structure, made from nine aminoacids there was no money to be made from the original product. So, where the average person would expect them to rapidly commence production of the natural product, what did **they** do? the greedy manufacturers laid aside the *naturally* effective product and made 20 *analogs*. The scientists' excuse for making analogs is, of course, that they last longer in the body: they do not tell their **real** reason for such *doctoring* of nature, that analogs, as opposed to naturally occurring molecules, can be patented and *mucho dinero* may come from their production.

HOW DO YOU SNIP SOMETHING AS TINY AS A CHROMOSOME?

> What, therefore, God hath joined together,
> let no man put asunder...
>
> **Matthew 19:6**

We often make reference to *cutting* or *snipping* the genetic material at a certain site within a chromosome, so that the resulting portions can recombine with others. The idea of *snipping* is not so much a mechanical, as a biochemical and electromagnetic process in which certain chromosome portions are separated from adjacent ones. This *always* occurs at a *precise location* that is subject to being digested by a special enzyme, a substance that has specific affinity for th site and process. Such enzymes are known as:

RESTRICTION ENDONUCLEASES.

They come from different sources, often from bacterial metabolism, and can be easily obtained commercially and inexpensively tested. The first publication about such a substance was by virologists Smith and Nathans, and because the substance came from cultures of the bacterium *E. Coli, strain R*, it became known by its acronym *Eco RI.*

Everything in science invites testing, and restriction endonucleases are no exception. The process is simple and inexpensive, provided you have the right equipment. This would seem like good news if it weren't that the procedure often involves as part of the process, the use of *Adenovirus 2*, a highly *leukemogenic* substance that must be dealt with incredible precautions. Imagine the chance for manmade disaster if test material is discarded into common sewage or landfills where the wind may carry many toxic particles! The process of degradation or breakdown of this genetic material, when used in

laboratory conditions, is usually interrupted by the use of the *chelating substance EDTA* and *methilene blue.* These substances promote some *viral stability* because breakdown points ares also points of recombinations. A reduction of vulnerable breakdown point formation will reduce chances for recombination. If testing material (or other materials containing restriction endonucleases are lost into sewage without the process blockers *EDTA* and *methylene blue,* the process may actively continue , and countless unexpected and unpredictable genetic recombinations may form, all of them unchecked, uncontrolled and unsuspected. Is it not ironical that the favorite cartoon characters, the *Mutant* Ninja Turtles are ***mutants*** and they live in the sewers? Does this follow the typical cliche that nature often imitates art? Or is it a primer to convince us that mutants can be cute and acceptable, foreseeing mutations due to the reckless behavior of greedy scientists?

Further variables are introduced by the packaging processes related to restriction endonucleases, which add new and unpredictable risks to an already tricky business. The packaging can be of many modalities and variables and may contain "albumin or gelatin...as a stabilizer. The specific activity on a protein basis is, therefore, not representative of the purified protein". (SIGMA CATALOG).

There is a question in my mind about how much confusion this may add to processes that are often poorly controlled, even less understood, processes that unfortunately can be done by backyard scientists who may be incompletely informed, and yet handle such potentially dangerous materials.

For the technically inclined, a typical description of a Restriction Endonuclease, and its parameters.

"Activity" is the variable intensity of action (or how much of the genetic material can be broken down in an hour), of the substance on

a ***specific*** viral DNA, and at very exacting temperature and pH standards. What may happen when these variables change, and the DNA is different is everybody's guess, and everybody's risk!

Just as the ten digits of your telephone number are arranged in a certain order, the building blocks of the genetic material called **DNA**, the ***nucleotides*** (*Adenine, Guanine, Cytosine* and *Thymine*), are sequenced in a very specific arrangement. The notation of these nucleotides is accomplished by writing their initials ***(A, G, C, T)*** in the order in which they are present in the molecule. Some nucleotide sequences, such as (***5'-GACGT/C-3'***, for instance) are recognizable by these *restriction endonuclease* enzymes, and it is at that site (and that site only), that that particular substance will exert an effect. On the other hand, any DNA particle which contains such sequences will be a suitable material for the enzyme to work on, dividing the original molecule into smaller units, which can now recombine into new and original substances. In a lighter tone...

The *genetic code* is a maze
Unlocked by *restriction endonuclease.*
As *guardians* resign,
Wild parts recombine:
Watch the birth of a dangerous race!

RECOMBINANT DNA: THE HIGH FINANCES OF PLAYING GOD

The year is 1979, and a new wave of excitement and discovery has been sweeping the world of science and biology for the past decade, the one related to recombinant DNA, the creative endeavors of tampering with the code of life itself.

"the first products of recombinant DNA technology have yet to reach the marketplace, but that prospect has already made millionaires --at

least on paper-- out of a handful of scientists and entrepreneurs who have founded companies to exploit the techniques".{R02550}

The main financing efforts were directed through four small companies that had enormous ambition and greed, the support of venture capitalists, and leading molecular biologists among their founders. These companies are *Cetus, Genentech, Genex* and *Biogen*. One of them, Genentech, devoted to the *growth hormone* project, is in San Francisco, the other, Cetus, a producer of *microorganisms for industry,* in Berkeley, both strangely close in space and time to the alleged "AIDS" epidemic epicenter. The University of California at San Francisco is also, at the same time, actively playing with genetic material, competing against Genentech in the race for the better growth hormone.

Ambition, greed, and hyperbole were on the rise. Says the chronicler of those days: "Already much in evidence is the enjoyable hoopla that surrounds large sums of money being put at risk. The birth of the new genetic technology is likened, particularly by those who hold stock in it, to the rise of the semiconductor industry".{R02550} Analysts were flying high in their predictions and convinced of the fact that this technique would be brought to bear in "energy, food processing, agriculture, and organic chemicals as well as health care and pharmaceuticals". Irving Johnson, vice-president of research of Eli Lilly was quoted as saying in 1979 that "potential applications of recombinant DNA techniques are limited only by the imagination of the people using them".{R02550}

The public marketing of the first commercial genetically engineered product was still one year away at the time the above quotes were written (Nov. 9, 1979). But great plans were being made everywhere, and paper millionaires were multiplying at a rate that was trying to surpass that of recombinant germs.

By 1981 some of the gloss had rubbed off this new dream: "one of the most ambitious entrants in the overcrowded race to commercialize biotechnology: a $ 40-million company with branches in Israel, Ohio, and California, a link to the Weizmann Institute, a Nobel prizewinner on the staff, and perhaps most important, the respected brokerage firm E.F.Hutton putting together the financing", a company called DNA science, lost its E.F.Hutton endorsement and became "the conspicuous first casualty in the commercial genesplicing derby". (SCIENCE, 213, Sept. 4, 1981, 1087).

To correct that situation, the brokerage giant is implementing a tax-shelter plan taking advantage of a new tax bill passed by Congress. Nelson Schneider, the E.F. Hutton analyst stated that "Hutton's tax specialists have found a way to structure the company to take advantage of the 25% tax credit for incremental investments for R & D". (SCIENCE, Vol. 213, 4 Sept 81)

"The DNA science saga provides an interesting chapter in the story of how gene splicing is moving from the laboratory into the commercial world...the Wall Street's recent passion for biotechnology may have cooled, an interpretation that the venture's boosters strenuously deny". (SCIENCE 213 Sept 4, 81).

Actually, in 1981 "companies can no longer put gene in their name and raise $5 million overnight". SCIENCE 213 The returns on the hundreds of millions of dollars invested in biotechnology have been extremely slim".

PATENTING LIFE? DOES GOD RUN A MONOPOLY?

One issue that was still creating a number of new problems, not to be resolved for some years in the future, was very important to those who function by greed: assigning a patent to the new bioforms. In 1979 none had yet been granted, and the Patent and Trademark

Office was requesting the passage of an Act of Congress before treading on such uncertain ground. Only doctors feel no compunction at playing God!

In fact, Congress had been forced to pass such laws in 1930 and 1970 for the protection of inventors of new plant varieties, but it specifically excluded fungi and bacteria.

Some early applications were, however filed{R02280}.

pmpany	Year	Microorganism	Inventor	Purpose
ieral Electric	1972	Pseudomonas Bacterium	Ananda Chacrabarty	oil-slick-digesting
ohn	1974	Strain of bacteria		production of linco-mycin (an antibiotic)

The Patent Office's position was that they had no guidelines in deciding on Patenting the bacteriums, but was authorized to patent the processes themselves. They based it on the parent law which provides that "'Whoever invents or discovers any new and useful process, machine, manufacture or composition of matter, or any new and useful improvement thereof, may obtain a patent thereof...'".{R02280}. One interesting twist to the story is that the inventors, Stanford's Stanley Cohen and Herbert Boyer from the University of California at San Francisco, almost did not obtain a patent for the University. They simply had not considered or not informed the university's patent officers, of the economic potential of their invention; Neils Reimers, patent officer of U.C.S.F., read of the speculations of future fortunes to be made in the recombinant venture market, only by reading an article in the NEW YORK TIMES. He narrowly met the 1 year deadline for application filing. Stanford University estimates that their patent will underlie most licensing, and expects to adopt a very liberal attitude towards this. Consider the greed factor, and the love for monopoly in the medical-pharmaceutical-chemical market; consider that Stanford's plan was "to license non-exclusively and for a very low royalty", {R02280} and to

apply only to manufacturers and not researchers. So, it is not surprising that the author of the SCIENCE article, Nicholas Wade, concludes that "The Stanford application is so broad that it is likely to be appealed by users interested in testing the limits of its scope".{R02280}

By 1981, Stanford was ready to issue licenses. It notified the business world in an August 3, 1981 announcement. Constance Holden cheerfully writes that "Gene splicing patent may net $ 1 million a year"{R01540}. When the patent on the *process* of gene-splicing, was awarded to Stanford, in December of 1980, the issue of the patenting of the *organisms themselves* was still pending.

Less than a month after the announcement that licenses were available, rumors were heard about firms wanting to contest Stanford's patent rights, but the University reported being quite comfort able about their legal position.

VACCINES AND GENETIC ENGINEERING

One of the target areas of gene splicing, from the very beginning, was the field of vaccine production. Although it seems impossible that the industry could have come out of the 35+ years of contaminated products elapsed since the early Salk vaccine, unscathed, it was apparent that in 1981, impurities in the vaccines were still subject of ever present concern in the industry. This had not interfered with profits, for people had received these vaccines for the past many years, and the concern had not been enough to stop this barbarous practice, not even to offer them information, and a chance to refuse the witches brew.

PURE VACCINES, A CONTRADICTION IN TERMS?

A conference held in October of 1979 at the National Institutes of Health, "suggested that at least one of the proposed applications of recombinant *DNA, production of pure vaccines*", (emphasis added) "may be considered further off than predicted". So the vaccines we are making ***are*** impure, aren't they? "Although virologists reported great strides in manipulating viral genes, old hand vaccine makers were skeptical that the new techniques had anything immediate to offer". John Seal, Director of the National Institute of Allergy at the time stated that he did not see "any short-term payoff from recombinant DNA" and that this technology's establishment as standard would be a long haul.

IN THE YEAR 1979, THE MANUFACTURERS OF VACCINES STILL PURSUED A CHERISHED FANTASY: A PURE VACCINE. EVEN GENETIC TECHNIQUES DID NOT OFFER AN ANSWER!

WAS THE HIPPIE GENERATION A SOCIAL PHENOMENON OR ONLY A VIRALLY INDUCED GENETIC MUTATION?

We live in an era in which the people of this world seem to be plagued by severe psychologic problems, predominantly in the so called "developed" nations. Everything is topsy-turvy and millions are afflicted by alcoholism, insanity, drug addiction, stress, marital and family strife. We have accepted based more upon faith than fact, that the root to these problems is to be found in family disruption or nutritional disorders, certainly important factors, but little or no coverage has been given to the individuals program or blue-print, the

genetic system, altered through inheritance or by mutations occurred during the lifetime of the individual, achieved by chromosome alterations induced by biologics and vaccines. Despite the silence of the media that inform the public, specialized journals have written much about the relationship between certain genetic abnormalities and behavioral disorders, sociopathic, criminal and otherwise unusual behavior. In the late sixties we witnessed a veritable explosion of publications in this field. (A partial list of articles copied from the INDEX MEDICUS, which references medical magazines will be the basis of a future monograph for the research-minded reader. Other sources are available at your local libraries.)

The individuals mostly considered in this study were people with personality disorders, drug users, convicts, and also men and women who were either overtly homosexual or with sexual identity problems. Some very consistent findings were disorders within the X and Y chromosomes, the determinants of sexual characteristics, and the general jest of the research efforts coalesced into a peculiar pattern: up to 90% of the individuals studied had an abnormal number of X and Y chromosomes in their genome.

ABNORMAL CHROMOSOME GROUPINGS, PARTICULARLY DIFFERENT NUMBERS OF X AND Y CHROMOSOMES WERE FOUND IN THE CELLS OF INDIVIDUALS WITH CERTAIN DISORDERS

Special interest groups, fearful that this newly gained knowledge about the genetic origin of many diseases and disorders would unleash another *Nazi Germany*, saw to it that this information would fall into oblivion and disrepute. The idea that personality characteristics might be genetic seemed preposterous 20 years ago, while

today nobody acts surprised that the media talk about stress-related genes, or specific genes in alcoholism.

Unruffled by either position, Reverend Hanna Kroger, a delightful nutritional advisor specializing in herbs and vitamins looked into the hippie movement with a refreshing new point of view. She described it in OLD TIME REMEDIES FOR MODERN AILMENTS, (1969), one of her publications. The book written in her inimitable style only lacks the charm added to her lecture by her fascinating German accent.

Intrigued by the behavioral and social changes that were rapidly occurring in American society in the mid to late sixties, the madness that seized this country from the time a charismatic young president was shot in the city of Dallas, she investigated a potential cause for this distressing and rapid series of events. On page 101 of her book, she addresses the issue of "Simian Virus 40", and although her technical information of vaccine preparation is not totally accurate, she compensates for this lack of detail by her associating the contaminated polio vaccine and the psychologic and psychiatric symptoms that were so rapidly multiplying at that time. Her insight is absolutely baffling!

RECOMBINANT DNA

> All things were made by him;
> and without him was not anything made that was made.
>
> **John 1:3**

HE LAW MEETS DNA RESEARCH

In the 1940s, significant advances in physics promoted warnings that technology was outrunning our ability to control it. Peculiarly

enough, at that time the issue was the energy and disruption of the nucleus of the atom, in the mid-seventies the issue was the energy and disruption of the nucleus of the living cell.

WHAT OF PERSONAL RESPONSIBILITY IN GENETIC ENGINEERING?

If we hold it to be true that a person has the right to do what does not impinge on the rights of others, a scientist may endanger himself with an experiments as much as he chooses to, but not an iota of danger to others is permissible.

The BIBLE tells us that even if we *talk with the tongues of angels, we are like empty cymbals if we have no love*, no human concern. Research scientists, nowadays vain with power, believe themselves to be modern heroes. When talking to them they often seem to believe in their high calling to the priesthood of the most dogmatic of all Religions, ***say n' see*** (*say-en-sii -- science*). They are unquestionably sure of their unchallengeable omniscience and dismiss the very legitimate concerns of others about the risks involved i experiments, particularly those tampering with the very essence c living creatures, the genetic code. This false belief is strengthened by the fact that they live in a world of untouchables who talk only to each other, reinforcing their shared assumptions however incorrect they may be.

If even one redesigned organism or potential mutagen escapes, the risk is as much to the researcher as those he contacts and the environment he may pollute.

At a time when scientists have developed the power of combining genetic material from one creature to another, even from kingdom to kingdom, playing with such delicate balance may rapidly propel us into domains where the blind shall lead the blind; the pit they may

fall in will be vastly populated by their blundersome creations. Here is how an unnamed Christian researcher sees this, quoted from a paper that was sent to me: "First we will create a new organism, 'verify a few predictions, and then gradually forget that knowing something isn't the same as knowing everything. We will slowly move from high level containment to low level containment to large scale production to buying the hybrids at the local drug store. At each stage we will get a little cockier, a little surer we know all the possibilities."

"KNOWING SOMETHING" IS CERTAINLY NOT "KNOWING EVERYTHING"

The researchers are mostly firm believers in the Theory of Evolution, which justifies their point of view. Without affirming or denying the validity of the Theory, it is important to point out that the belief in this explanation for our existence is accepted dogmatically with more intolerance of those who oppose it, than the very churches exhibit to opponents of Creationism. A theory is a point of view looking for a proof, not the proof itself. The author adds:

"At this point we began to see the arrogance of modern science. Out of fallen man and his evolutionary world view there develops an arrogant attitude toward life. Many scientists assume that life on this planet is the result of millions of years of chance. They therefore argue that intelligent scientists can do a better job in sophisticated laboratories than 'nature' can do alone. Recombinant DNA research gives these scientists a tool they have always desired. Julian Huxley looked forward to the day in which scientists could fill the 'position of business manager for the cosmic process of evolution'."

The world of the *genes* of heredity exhibits a peculiar parallelism with the world of fashion *jeans*. First, there were ***Levi's jeans***, then ***patched jeans***, to-day we are confronted with a vast diversity of ***designer jeans***. Not everyone, of course, feels comfortable with the notion of mad scientist dreaming and, worse than that, putting into action their delusions of creating a designer fauna, flora, even population. Who knows when we will see nothing, but the *redesigned jeans* of rhinestone cowboys?

What about the wishful thinking that Genetic engineering may cure and correct diseases? We all want to believe in miracles; even the stern author of the previous paragraphs is at one point of his writing overtaken by wishful thinking where reason should prevail. He expresses his belief in such a possibility, because he himself, does not yet realize that it was the deliberate or negligent tampering with foreign DNA (biologicals, mainly vaccines), which probably started most of the illnesses we suffer from to-day. May we never again be deluded into the common error we all have committed, at one time or another, namely believing that things such as tampering with the genetic code can be done safely at this point of our knowledge. The *catch 22* of a program, whether a computer game or the genetic code, is that ***you have to know all of it and all the rules***, before you can safely play with it. Yet, all of it can only be learnt by committing mistakes and learning through the hapless victims. So, some may probably decide that the end justifies the means, and practice their dangerous and incomplete trade that may soon destroy our civilization.

THE CATCH-22 IN GENETICS IS THAT YOU HAVE TO KNOW EVERYTHING ABOUT IT BEFORE YOU CAN SAFELY PLAY WITH IT, BUT YOU CAN ONLY LEARN ALL ABOUT IT BY MAKING SUCH MISTAKES THAT THE LIVING ORGANISMS WOULD BECOME EXTINCT BEFORE YOU GET THERE

Sherlock Holmes summarized it when he stated that it was a *capital mistake to theorize before one had the data*, for one would insensibly begin to twist facts to suit theories, instead of theories to suit facts. To-day's *scientists* should take lessons from Sherlock Holmes, he solved mysteries, he did not create them.

PUBLIC RESPONSIBILITY: A STORMY HISTORY

In the beginning...
Genesis 1:1

In the beginning..., recombinant DNA did not arouse anxiety among the public; in an *unprecedented and unusual* fashion, "it was the scientists themselves in an act of moral initiative, who first sounded the alarm when it became apparent that these new opportunities in genetic research could lead to tampering with DNA and creating uncontrollable strains of disease causing bacteria".{R00470}

"Concerns were first expressed at the Gordon Conference, a scientific meeting on nucleic acids held in New Hampton, N.H., in the Summer of 1973. An open letter was sent to the JOURNAL OF SCIENCE in 1974"{R00470}. These moves were similar to those the scientists made in the 1930s to stop publishing nuclear energy data. "In 1975, a group of molecular biologists publicly (sic) called for a moratorium on certain experiments and arranged for a large international conference (at **Asilomar**), which was attended by the press, and urged government action to establish guidelines. The final result was an elaborate set of guidelines from the National Institutes of Health...which specify four levels of containment (P1 to P4, the strictest level) and three levels of biological containment...for different kinds of experiments"{R01300}. However, these limitations only addressed federally funded research.

The molecular biologists acted with incredible courage and insight, valiantly jeopardizing their own interests and jobs to alert the incompletely informed public of the unspeakable risks ahead, raising the specter of a potential *Andromeda Strain* (a new and dangerous disease causing germ), production of recombinant *Chimeras,* (mythical monsters who were described as being a rearrangement of parts from different animals), and eventually, the danger of the creation of a *Golem* (a genetically engineered man with a prefabricated personality).

HOW CLOSE HAVE WE GOTTEN TO THE "ANDROMEDA STRAIN", THE "CHIMERA", THE "GOLEM"?

They received the usual attacks, where the establishment ridiculed their personalities and qualifications every time that it could offer no rebuttal to their well taken concerns.

WHICH ARE THE REAL POTENTIAL RISKS?

Dr. Bernard Davis addressed this in his article in the September-October issue of AMERICAN SCIENTIST of 1977, and cheerfully dismissed any concerns brought before him by parties that had genuine interest and standing in the situation, with that kind of conviction that always can be seen in members of Academia who live in a mutual admiration society and are not responsible for taking care of mundane but very present problems that can impact on safety issues, such as, for instance, the hiring of non-English speaking personnel expected to be literate enough to follow complex

directions so as to safely dispose of the sewage, or change light bulbs and air-filters.

The only allowance he made to their concerns was that "It did seem necessary to act rapidly to prevent the unrestricted incorporation of tumor viruses into bacteria, at least until after adequate exploration and reflection".

'as he telling us that this was already happening and being ncealed from the public? Did he suggest it was OK to do such ıangerous a dangerous procedure if the decision was made "after adequate exploration and reflection? Was it safer, in some miraculous way after such exercise of the mind, or was this simply to placate the populace?

An old lawyer once gave a younger one this advice:

--"If you are right on the facts, pound on the facts, if you are right on the law, pound on the law, and if you are right on neither, pound on your opponent."--

In this vein, Dr. Davis skilfully weaseled out of this one by the usual trick of discrediting the credentials of the molecular scientists. He made a blanket statement that "there was one serious defect in their approach: in emphasizing their responsibility for not creating undue hazards, the molecular biologists failed to recognize how much the problem of estimating those hazards lay outside their field. In fact, the ability of an organism to give rise to an epidemic and the mechanism of its spread, are problems in epidemiology". Freudian slips are always interesting: surely he intended to say they were "problems *of or dealt with* by the science of epidemiology), but a slip of the tongue and truth surfaced: they ***are problems*** in epidemiology. In Dr. Davis's opinion "the familiar features of the organisms offered grounds for reliable, general epidemiological predictions." {R01300} He

was miffed that "the scientists involved proceeded... and they were peering into a black box"{R01300}. Actually, it is quite reasonable, when you are dealing with materials that are so potentially dangerous, to be absolutely cautious; the best rule to apply is: when in doubt, abstain.

The researcher goes on to reassure us that fertility barriers exist between dissimilar species, that the gut itself creates drug resistant strains of bacteria, and that survival of E. Coli in water is brief. The basis of all of his arguments is strictly theoretical and not addressing individual problems at all: if only one person gets hold of a dangerous recombinant, his chance for disaster is still 100%! His tone changes rapidly as he proceeds to address "Potential risks". He thinks that an experiment with recombinant DNA would have to fulfil three criteria, before it may cause some problems:

a.-"produce a dangerous organism...
b.-"infect a laboratory worker...
c.-"spread outside the laboratory"{R01300}

He makes no clear distinction whether "a" had to be spread through "b" to cause "c", or whether we were dealing with separate problems. In his severely limited view he also does not address the alarming potential for activation of control mechanisms, recombination of apparently harmless particles with other recombinants into unpredictable organisms, and, ultimately, the incredible potential for disaster that the presence of helper viruses may present in aiding transfection and recombination processes that are completely unexpected. Since most of these processes would have a delayed onset, they may not even be easily traceable to the originating event.

CAN ANY HUMAN ACTUALLY PREDICT THE TOTAL EXTENT OF THE RISKS?

Arthur J. Snider, science editor of the CHICAGO DAILY NEWS, wrote about potential risks in DNA recombinant techniques: "Critics acknowledge the potential benefits but state they might be outweighed by unforeseeable risks. Since the DNA fragments may recombine in many ways in a given recombinant experiment, it is necessary to create vast numbers of cells with unknown genetic alterations in order to obtain a cell containing a specific recombinant DNA. Such experimentation may produce a self perpetuating malignant 'Andromeda Strain' that cannot be recalled. There is no way to test for the danger. The scientist does not know what he has done until he has analyzed the newly created cells, at which time it may be too late." {R02350} His opinion is a far cry from Dr. B. Davis's and much more closely related to my own reservations.

CHOOSING THE E. COLI BACTERIUM FOR GENETIC EXPERIMENTS WAS THE WORST OF ALL POSSIBLE CHOICES

"From the point of view of public health, the E. coli bacterium chosen for most of the experiments is the worst of all possible choices". While the fallacies of the so called safety measures are discussed in the next few paragraphs, Dr. B. Davis concluded that he had enough data to be sure of a happy ending to the DNA saga. It was 1977, and like little Jack Horner he stuck in his thumb, pulled out a plum and told himself he was a good little boy, and so were his peers. "Though this assessment of a low risk is not conventional, it is also not idiosyncratic". {R01300} Fancy enough, for starters, but how does that affect

the accuracy of the conclusions? He contends that the "experts are not in sharp disagreement over the issue-if we define the experts not as just any scientists, but as those familiar with epidemiology and infectious disease. To add to his sigh of relief, he asserts that none of his colleagues consider *E. Coli* recombinants a serious hazard, and a similar conclusion was drawn by a NOVA program on public TV. Yes, how could a minority of one be right if the majority believes differently? An Andromeda strain was to remain entertaining science fiction... and "the chimeras of mythology are not about to descend from the realm or art into that of technology".{R01300}

The last couple of decades have seen strange invasions of sharks appearing after the movie JAWS was shown, a fire in a high-rise in Rio curiously reminiscent of THE TOWERING INFERNO and other such serendipity where reality follows art, and science-fact is more incredible and advanced than science-fiction. But Dr. Davis reassures us with the poise of a confirmed prophet, that "the Golem like the Andromeda strain and the chimera, remains a product man's literary imagination and not his technology".{R01300}

Ultimately, we all show our real allegiances. Academic ink is thicker than peasant's blood, and much more profitable. There is much bemoaning of the loss of the public's confidence in the responsibility of scientists, threatening the intellectual freedom and the creative urge that have played so prominently a role in the spectacular success of science". The principal concern that seems to exist is to keep the public from learning about the experts' concerns, worries and uncertainties. So, obviously, the technocrats should carefully decide when the plebeians should be informed: "the question is not *whether* (italics theirs) the public should participate in making value judgements on benefits and risks that may affect its interests: the question is *when* and *how* (italics theirs). Recent years have seen much praise for the virtues of maximal openness at all stages, but the history of the recent debate suggests that on issues with a large

technical content, and with a large potential emotional charge, premature public involvement may be less than useful"[R01300]. It is amazing how such a statement can be not only written, but also published, without clearly defining what "useful" means to the author. It is quite obvious that we had been enjoying a long period with the lowest concern about infectious ills in history (acute infectious ills, as we were not aware that chronic degenerative illness was also communicable), so the usefulness of breeding viral DNA for research purposes was not an earthshaking priority.

Ultimately, he uses an example that clearly shows how language is used to confuse and not to enlighten: "Just as a responsible physician faced with a diagnostic problem would not immediately tell the patient that the possibilities ranged from neuritis to cancer, so the scientific community has a responsibility in transmitting conjectural information about frightening possibilities to an easily alarmed public" [R01300].

Now, the patient is already sick, and once the doctor makes his diagnosis he will institute the proper treatment. The potential dangers of new production and research methods will not manifest till these techniques have been applied, too late to stop unnecessary damage. The world can get along just fine without new forms of production of substances already available through other manufacturing processes, such as antigens and insulin, but it can not risk hypothetical new epidemics, such as massive malignancies, "AIDS", slim's disease, Lyme's disease and other bizarre mythical entities that had not yet surfaced in 1977. The public is impressed more by rhetoric or public stature, rather than logic and scientific fact: this permits pompous scientists to adopt the position of a prophet who dares to predict the future, when the future's blooms or thistles are still dormant in unknown seeds.

TECHNOLOGY

Centocor Tests Back Antibody For Bacteremia

By Jerry E. Bishop
Staff Reporter of The Wall Street Journal

A key clinical trial of Centocor Inc.'s human monoclonal antibody reduced deaths from a type of rampant bacterial infection to 30%, from 49%.

The still-experimental antibody is designed to prevent shock and death from bacteremia, or "blood poisoning," by so-

Different Responses to AZT in Whites, Minorities in Study Spur Controversy

By Marilyn Chase
Staff Reporter of The Wall Street Journal

A new study claiming differences in the way white and minority patients respond to early treatment with the drug AZT has spawned controversy and consternation among AIDS researchers.

A report is slated for presentation today at the U.S. Food and Drug Administration, where a panel is wrestling with a number of difficult AIDS treatment issues. Outs experts warned the study could be fla: and shouldn't be used to deny treatr

ing 6,500 patients, and we couldn't discern any substantial differences between whites and people of color," said Sandra Nustnoff Lehrman, head of infectious diseases at the company.

"Sadly, it's a fact of our society that whites are more plugged into health care," and thus quicker to benefit from treatment advances, Dr. Lehrman added.

Indeed, the report conceded that minor- patients in the study were generally their white counterparts, with

have to be careful at access to he: Smith, assistant p associate director Johns Hopkins Ur

Dr. Smith decl the VA study, wh stressed there's would make blacks on A haven't begu but is the r don't give

Larry tion Rese lyn, N.Y. trials ad

WHO'S NEWS

underperforming at year end, up from $3.5 billion at the end of the second quarter.

Mr. Booth said he believes the life insurance unit's current capital level, which totaled 6.5% of liabilities at year-end, is adequate. "There are no current plans to raise external capital," he said. The company will, however, try to boost that level through retained earnings and possible additional asset sales, he said.

In his new post, Mr. Booth added responsibility for the company's managed-care operations, an expanding business for the company, he said. In the fourth quarter, operating earnings doubled in that business to $29 million. "One of my obligations will be to make sure we maintain that momentum," Mr. Booth said.

The other two vice chairmen, Thomas O. Thorsen and Richard J. Shima, retain their responsibilities as chief financial officer and chief investment officer, respectively. The title of chief operating officer had been vacant for some time before Mr. Booth's appointment, a spokesman said.

Carl Peck of FDA Is Key to the Future Of New AIDS Drug

Continued From Page B1

people who weren't eligible for the cl trials but still needed or wanted t see clinical improvement, and w weight gain," says Mr. Carter. In Bristol will seek approval of DD group of AIDS patients who can' ate AZT's side effects, mainly an

Roche's application for DDC completed by June, a spokesm Roche's trials have involved c the efficacy of DDC with AZT using the two drugs together. Ov ple are enrolled in DDC clinica other 1,100 take it under a fre

The man charged with ever ing the fate of DDI and DDC suited for the task, colleagu not deterred by bureaucrati says his deputy, Gerald Me own statistician. If he's bo ing, you'll see him start ously—usua" ...rtu tions kee his st "D

A Different Angle

CASH PROBLEMS
VANISH WHEN
YOU KNOW
SECRET WORDS

A Biotech Worker Pursues the Researcher Builds on Hopes on Creating

ENTERPRISE

BIOSYN INC.

...fully ac... recognizing ...vidence that a ...dent improvement. ... you one step closer to ... where the bugs are that ...radicate," explains Dr. Peck. ... was "excited" by a recent study ...t in children that made a strong case ... plasma monitoring.

Dr. Peck also must resolve a fierce de- over the significance of shifting levels ... cells in evaluating new-drug per-

...ated secure... ...arrants to purchase an... Urcarco common shares at $4 a ... and the right to name two directors ... the company's 14-member board.

Urcarco, which sells used cars to customers with credit problems, was a hot stock last year, trading above $30 a share. But the stock plummeted as earnings declined; and critics started questioning whether the company's allowance for repossession losses was adequate and whether Urcarco could continue to support its rapid expansion. In its second-quarter report, the company said it was continuing to review its allowance for repossession losses and planned to slow its growth rate.

• • •

Philadelphia's Chief

...trimmed. ...

The exch... staffing levels ... the beginning ... ment program ... staffing down ... close to the ...

The cuts c... Board is exp... best trading ... week alone, ... shares a day ...

The action ... of the firm ... Donaldson, ... new chief ...

Jaba...

CONTAINMENT, THE ILLUSION OF SAFETY

And God said, Let there be a firmament in the midst
Gen 1:6
And God made the firmament
Gen 1:7
And God called the firmament Heaven
Gen 1:8

We have often heard it said that *a camel is a horse designed by a committee...* The safety systems designed for the protection of the public, that are used in genetic engineering remind us of the proverbial camel.

PHYSICAL CONTAINMENT PLANTS

At the time when genetic engineering brought some debate before the public eye, (early 70's) The National Institutes of Health were charged with the duty of issuing guidelines for the safe handling of genetic recombinants. Much of the effort in containing the chance for man-made disaster in the field of genetic engineering, was being carried by the Citizens' Experimentation Review Board of the Cambridge City Council.

THE GOLDEN RULE (WHOEVER HAS THE GOLD, RULES)

Rules are only made to be violated, or so it seems. On October 3, 1977, CHEMICAL AND ENGINEERING NEWS published a story about *inadvertent* violations of rules on DNA research. It told that "Suspicions that the National Institutes of Health recombinant DNA guidelines are foolproof but not scientist proof gained confirmation last week".{R01220/k}

It is obvious that the almighty Buck (a very desirable species) was the target. This caused some "false steps" to be taken in "an early race to clone the insulin gene". With prophetic assurance the author (who does not sign the paper) tells us that "Fortunately, no health hazards emerged because of this accident". {R01220/k} Carefully consider the choice of language. ***Hazards*** don's usually "emerge", they should be evaluated before things happen. Once they have happened they can no more be called a hazard, but an active disaster or accident!

The violation of the rules happened many months before the public was informed. The power of the endless resources of Academia is strong. "Ironically, efforts by Congress to enact laws to restrict such research were slowed last week in response to scientists who oppose tight controls". {R01220/k}

The case in question coursed at Dr. Howard Goodman's Laboratory at UCSF. They were working on the cloning of a rat insulin gene. As the reader may remember, genetic manipulation requires the use of "plasmids, small DNA pieces that are shuttled around in recombinant experiments like genetic taxicabs" {R01220/k}.

SMALL DNA PIECES CALLED PLASMIDS BECOME GENETIC TAXICABS CONVEYING ALL TYPES OF GENETIC MATERIAL

According to the NIH rules then in existence, such plasmids had to be certified by that agency. (In essence, there had to exist a form of certainty that there were safety measures introduced in that plasmid's manufacturing that would prevent it from escaping the confines of the laboratory). *Plasmid PBR322* had been "approved", as safe, but not certified, and some scientists in that laboratory found it very expedient to use it anyhow. Dr. Goodman apparently ordered the

unauthorized experiments to be destroyed, but the NIH's Office of Recombinant DNA Activities, apparently only found out about it half a year later when Nicholas Wade from SCIENCE called the Office Director William Gartland, as reported by C&EN. In the words of the author "How others in the group started experiments with that plasmid remains a muddled question. Secrecy among research groups at USCF, lack of clarity from NIH, and genuine confusion all contributed. This ***diversion*** (emphasis added), however, didn't hamper successful experiments with a properly certified plasmid from being completed with admirable speed by the same group".{R01220}

early 1978, "The first U.S. 'maximum physical containment', or .4 facility has been certified and is going through first shakedown rocedures before National Institutes of Health scientists begin recombinant DNA "risk assessment experiments". The lab was renovated and re-equipped for about $250,000 from former biological warfare facilities at Fort Detrick in Frederick, Md. The lab and the glove box cabinets within it are under negative pressure relative to the building they're in. Also, any material leaving the lab cabinets must pass through sterilizing equipment, and lab workers must shower before leaving. The enclosed cabinets contain equipment such as incubators, refrigerators, small animal cages, a centrifuge, and a microscope. The 400 sq.ft. 'interim' facility will be supplanted by a larger facility, planned for 1979 0r 1980". {R01220/j}

Not only are there enclosures to divide the upper air and waters from the lower air and waters but other alleged safety precautions are taken.

Because of its specific biologic makeup, *recombinant DNA **must** be grown in living organisms*, such as bacteria. Limiting their ability to spread is considered a reasonable safety precaution. One approach is the use of a strain of bacteria which has the same chances of surviving in the environment, as that of a hot-house plant making

it in the Mojave desert. This is "the currently certified EK2 strain derived from E. Coli K12 (which) owes its fragility to several stable mutational defects".{R01220} Some of its weaknesses are

a.- it can not synthesize *thymine* (thymine is one of the constituents of DNA, the "T" in the drug AZT)
b.- It can not synthesize *diaminopimelate* (one of the components of cell walls)
c.- it is uniquely sensitive to *bile salts* which will dissolve it.

This series of features seems to be a guarantee of safety to Dr. Davis, who happily announces that the human gut is *deficient* in *thymine* and *diaminopimelate,* and contains abundant *bile-salts*. Hence, EK2 will not either reproduce or survive in the human gut.

This, of course, does not address other organs where the cell may settle, such as the urinary tract, or other environments such as ponds, snails and slugs, insects, birds, or any other living organism.

MEDICATIONS, SURGERIES AND OTHER PROCEDURES CAN ALTER THE BIOLOGIC CONDITIONS IN SUCH A FASHION THAT THEY WILL FAVOR THE SPREAD OF DANGEROUS RECOMBINANTS

Imagine the man-made disaster when the gut is made thymine-rich by the addition of medications which contain that molecule, and bile poor by liver failure and gall-bladder surgery! What would that do to the population of *E. Coli*?

With an optimism typical of those who do not have to mop-up that final disaster, Dr. Davis is also thoroughly convinced that the *plasmids*, the genetically recombined particles can not penetrate another cell and that everything is peaches. He tries to dispel any concerns

unauthorized experiments to be destroyed, but the NIH's Office of Recombinant DNA Activities, apparently only found out about it half a year later when Nicholas Wade from SCIENCE called the Office Director William Gartland, as reported by C&EN. In the words of the author "How others in the group started experiments with that plasmid remains a muddled question. Secrecy among research groups at USCF, lack of clarity from NIH, and genuine confusion all contributed. This ***diversion*** (emphasis added), however, didn't hamper successful experiments with a properly certified plasmid from being completed with admirable speed by the same group".{R01220}

In early 1978, "The first U.S. 'maximum physical containment', or P-4 facility has been certified and is going through first shakedown procedures before National Institutes of Health scientists begin recombinant DNA "risk assessment experiments". The lab was renovated and re-equipped for about $250,000 from former biological warfare facilities at Fort Detrick in Frederick, Md. The lab and the glove box cabinets within it are under negative pressure relative to the building they're in. Also, any material leaving the lab cabinets must pass through sterilizing equipment, and lab workers must shower before leaving. The enclosed cabinets contain equipment such as incubators, refrigerators, small animal cages, a centrifuge, and a microscope. The 400 sq.ft. 'interim' facility will be supplanted by a larger facility, planned for 1979 0r 1980". {R01220/j}

Not only are there enclosures to divide the upper air and waters from the lower air and waters but other alleged safety precautions are taken.

Because of its specific biologic makeup, *recombinant DNA **must** be grown in living organisms*, such as bacteria. Limiting their ability to spread is considered a reasonable safety precaution. One approach is the use of a strain of bacteria which has the same chances of surviving in the environment, as that of a hot-house plant making

it in the Mojave desert. This is "the currently certified EK2 strain derived from E. Coli K12 (which) owes its fragility to several stable mutational defects".{R01220} Some of its weaknesses are

a.- it can not synthesize *thymine* (thymine is one of the constituents of DNA, the "T" in the drug AZT)
b.- It can not synthesize *diaminopimelate* (one of the components of cell walls)
c.- it is uniquely sensitive to *bile salts* which will dissolve it.

This series of features seems to be a guarantee of safety to Dr. Davis, who happily announces that the human gut is *deficient* in *thymine* and *diaminopimelate,* and contains abundant *bile-salts.* Hence, EK2 will not either reproduce or survive in the human gut.

This, of course, does not address other organs where the cell may settle, such as the urinary tract, or other environments such as ponds snails and slugs, insects, birds, or any other living organism.

MEDICATIONS, SURGERIES AND OTHER PROCEDURES CAN ALTER THE BIOLOGIC CONDITIONS IN SUCH A FASHION THAT THEY WILL FAVOR THE SPREAD OF DANGEROUS RECOMBINANTS

Imagine the man-made disaster when the gut is made thymine-rich by the addition of medications which contain that molecule, and bile poor by liver failure and gall-bladder surgery! What would that do to the population of *E. Coli*?

With an optimism typical of those who do not have to mop-up that final disaster, Dr. Davis is also thoroughly convinced that the *plasmids*, the genetically recombined particles can not penetrate another cell and that everything is peaches. He tries to dispel any concerns

about danger on the basis of percentages. After all, he says "to place this problem in perspective we must first recognize that the words ***hybrid*** and ***chimera*** (emphasis his), applied to recombinants, do not imply an organism that is half *E. coli* and half something else. In fact, the recombinants made possible with the new technique are genetically 99.9% E. coli with about 0.1% of foreign DNA added".{R01220} To illustrate the fallacy of this type of thinking, we can resort to an illustration, where we compare the E.coli to an automobile, and the foreign DNA to an ignition key. A key is a very minor part of the physical volume of an automobile, but with that key inserted in the right slot, a 2000 lbs.. inert and stationary mass of metal and wires can turn into a lethal weapon or a powerful means of transportation.

Another containment insurance, Dr. Davis says, is "modern sanitation (which) provides excellent control for this class of agents...in contrast to influenza, the appearance of a case of typhoid does not lead to an epidemic unless sanitation is poor". Yet, in San Antonio, where I live, a major American city, we had a sizable epidemic of typhoid just about a dozen years ago. I guess, sanitation was not as good as Dr. Davis chooses to believe. If this could happen in one of "America's most livable cities" what is to be left for the less livable, or the third world countries where sanitation may be non-existent, countries such as Haiti, and Zaire...

He admits that contrary to acute, well known infections that would be easy to detect and associate with the originating cause, "tumor viruses present a special hypothetical problem, because any resulting illness would have a long latent period and thus would lack an early warning. However, this loss is balanced by the fact that viruses, by ***definition*** (emphasis added) have their own means of spreading". The feature that consoles the author is that "Viral DNA in a bacterial plasmid...would ***presumably*** (emphasis added) have to become free before it would enter a human cell". Without adding any hard

research data at this point, may it suffice that he uses the word ***presumably***, giving clear evidence that the facts are unknown to him at the time he is writing that deliberately reassuring piece of information. After a few more vagaries about the "decimal orders of magnitude" by which viral DNA would be less infective from plasmids than from viruses, he slips in that "Meanwhile we produce the latter material (viral DNA), on a large scale in many laboratories" (I guess that this is recklessly done on a ***presumable*** safety reassurance) " --and we ***must do so*** (emphasis added) ***if we are to learn*** to control viral infections".

Summing up, the mad scientists are happily manufacturing potentially lethal biologicals on the "Presumption" of safety, for they "***must do so***" -- Says who?-- to learn how to control viral infections.

If that were the real reason, and not the making of big bucks in so doing, they would devote a 1% of their resources to the study of nutrition and bioelectric devices, as well as homeopathic medicines, to practice real positive prevention,easily controllable and learnable by all of the population. It is money, not health, that motivates the snakes and double snakes!

WHAT IS THE PURPOSE OF GENETIC ENGINEERING?

In 1977 Arthur J. Snider prepared a "Special Report" published . the 1978 BRITTANICA BOOK OF THE YEAR. He tells us that "proponents contend that the technique not only can be a valuable tool for understanding nature but also can provide a number of practical benefits".{R00470} The purpose varies with the researcher, to those simply interested in knowledge there is excitement in playing with the very intricate essence of life. To those in the industrial and pharmaceutical, agricultural and manufacturing fields, as they dream of neat profits stemming from piles of medically valuable human

proteins,hormones, clotting factors, antibodies and interferon, improving a plant's nitrogen fixation, etc., it is a tool to learn how to recombine genetic information for accelerated or increased production, and to develop the ability to regulate genetic processes, by acquiring control of the commands for the starting and finishing of a process.

THE PROFIT MOTIVE

Ultimately, most business as most crime has a profit or a sex motive. Profit is the great universal pastime. After all, the love of money is understood to be the root of all evil...

The first products of recombinant DNA technology have yet to reach the marketplace, but the prospect has already made millionaires --at least on paper-- out of a handful of scientists and entrepreneurs who have founded companies to exploit the technique".

"Wall Street is not yet fully aware of the range of applications of DNA research, namely that it can be brought to bear on energy, food processing, agriculture and organic chemicals as well as ***health care and pharmaceuticals***". (emphasis added) {R02270}.

This enthusiasm has triggered the greed of such as Dupont and Standard Oil, and a company called Cetus was formed as early as 1971 to exploit these new techniques.

In 1977 the medical establishment was well aware that this field and that of cancer were intimately related, declaring that "an aberration in this (the regulation) pattern is central to the cancer problem, for whether a particular cancer is due to ***viral*** (emphasis added) infection, to ***mutation*** (emphasis added), or to an abnormality of differentiation, the loss of control of cell growth reflects a loss of normal gene regulation." (Davis, AMERICAN SCIENTIST)

THE LOSS OF CONTROL OF CELLULAR GROWH IN CANCER REFLECTS A LOSS OF NORMAL GENE REGULATION, WHETHER THIS IS DUE TO A VIRUS, A MUTATION (OR WHETHER THESE ARE PARTS OF THE SAME PROCESS)

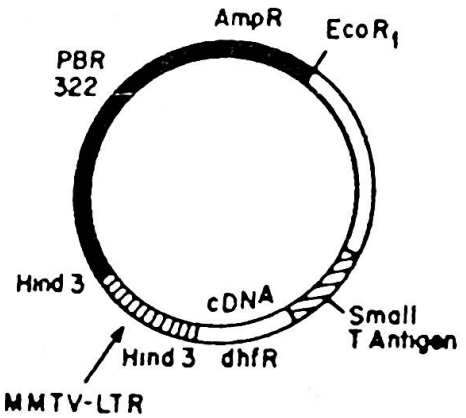
Anything that spells ***therapy*** in the field of cancer spells dollar signs for investors who are enamoured of a disease where the public does not expect too many results because it is considered fatal or incurable in a vast percentage of cases. Imagine the elation experienced by the financial tycoons when a marvelous target such as "AIDS" arises where the results of therapy can be as dismal as expected, since the public has already been deluded into the belief that the disease is real and totally incurable.

Now it is 1990. The medical-pharmaceutical industry is inundated with purposeless products of the recombinant DNA industry. Expensive and inappropriate tests aimed at detecting and measuring all manner of antibodies are marketed in the professional journals. Pocket-books and insurance companies are depleted in search of ultraspecialized newfangled conditions that permit the running of such absurd exams. But the public and the professionals fail to see that they are victims of the best fabricated genetic hoax in the world

FIRST MEET THE PLASMID...

Bacteria contain one chromosome, a strand that is about 1000 tim the length of the bacterial cell. In addition, it was found that they contained a circle of DNA that was small and could be duplicated independently of the rest of the organism which we call ***plasmid***. It has been concluded that the chromosome contains standard genetic information, all genes necessary for the growth and multiplication of

the organism. Plasmids, on the other hand, "broaden the organism's range of habitats by providing such traits as resistance to various inhibitors or the ability of using alternative food sources. Moreover, plasmids move about widely in the microbial world, occasionally picking up genes from one host cell and transferring them to another. They thus serve as a primitive precursor for sexual reproduction". {R01300/p.548}



NEXT COMES THE RESTRICTION ENZYME...

Bacteria defend themselves from invading genetic material attacking it with certain enzymes; these are known as ***restriction enzymes***. These are able to break into the genetic code at certain sites. Each of these restriction enzymes of RE, for short, *clip* the sequence of letters that is DNA at very specific alphabetic arrange ments. (As the reader may remember the genetic information always involves

paired coding. These groups are called *base pairs*. These restriction points always have *palindromic* symmetry (palyndromes are words tha read the same in both directions, such as DAD).

Restriction sequences always appear in any large DNA, at short intervals, as traffic lights are placed at dangerous intersections.

LET THE CIRCLE BE UNBROKEN...

When the plasmid's circle is opened, a *nick* will appear, where only one strand of DNA has been left, and the complementary sequences have been *snipped* off. If these plasmids and some foreign DNA that also has similar restriction sites are treated with restriction enzymes and then exposed to each other under the proper *stickyness* conditions, complementary *nicks* will attract each other and *anneal* to each other. The unstable *annealment* can be made stable by a enzyme called *DNA ligase.*

Now bacteria are too smart to voluntarily pick up bad compa (plasmids). That is how they have survived so far, haven't they? The bacteria most used for genetic engineering research, E. Coli, are no different, but scientists have learnt to confuse their protective mechanisms by creating conditions which are abnormal,in particular the *heating of the bacterium in the presence of calcium chloride.* Considering that sodium chloride is common table-salt, and calcium is a major component of the minerals in foods and antacids, it is not improbable that *calcium chloride* can be synthesized in the human intestine.

The enzymes which disassemble DNA strands are called Restriction Enzymes. Despite their stern-sounding name, their behavior is more permissive than restrictive; just as the legal system turns laws into loop-holes, restriction enzymes in the hand of mad scientists became a welcome tool to break down restrictions to recombination, and

priming vulnerable DNA into forming new substances with a molecular arrangement deviant from the orderly plan, both Divine and Natural.

Through ingenious methods, the specialists can select the properly recombined bacteria that will produce offspring which can produce the desired substance in large amounts.

SV-40, AN OLD ACQUAINTANCE IN A NEW ENVIRONMENT

The rise and fall of SV-40, the monkey virus that was so overwhelmingly contaminating the polio vaccine, and other vaccines grown on tissue cultures of African Green and Rhesus monkey kidneys, belonged to the early sixties. When the small storm over this tumor virus found in polio vaccines died, and the public was being distracted by other disasters like a horrible war that had not been supposed to have escalated and the increasing drug use in American youth, the research labs were busying themselves in irresponsible experimentation involving this, the most dangerous of all genetic tools, the closest substance to a missing link.

Scientists, now playing God more than ever before were boasting of fetes that defied the first chapter of Genesis. Dr. Paul Berg from Stanford University revealed the momentous news {R101220/m.} . His team had managed the incredible, albeit probably little needed fete of incorporating a gene from one mammalian species into another, and have it to function, to boot. The gene transported was one that codes for *rabbit hemoglobin* (*beta chain*), and they placed it into an African Green Monkey. The genetic fuse used was one of the SV-40 viruses, the tumor producing contaminants of the polio vaccine, so the monkey cells "would synthesize rabbit protein."

Berg did not release these news to a scientific journal: CHEMICAL AND ENGINEERING NEWS learnt about it from a San Francisco

Newspaper, which reported commentaries made by Berg at an American College of Surgeons Meeting. They further found out that the rabbit gene was not a natural molecule, but a synthetic one "created by a technique developed four years ago at California Institute of Technology".{R01220/m.}

There is a reason for this, at least one that makes sense to the mad scientists who believe God is in need of their managerial and programming capacities. The natural DNA is built in a fashion that appears haphazard to the geniuses of the ivory towers: there are some segments between the *transcribable* segments which appear to be *spacer sections* of as of yet unknown function. So, the scientists simply *eliminate* the spacer sections and redesign God's work. Now they produced a piece of DNA that lived in a monkey cell, contained a monkey tumor virus and an incompletely copied rabbit gene, in which the natural order had been altered. They did not seem worried by the fact that the new-fangled DNA might produce or cause to be produced, the seed of countless horrors, they boasted, to the contrary, that now they had knowledge of the complete DNA sequence of the SV-40, as determined by Dr. Walter Fiers of the University of Ghent, Belgium, and Dr. Herman Weissman of Yale. This was very convenient so they could *snip off* "a segment of viral DNA that makes a part of the virus's protein coat", this causing only minimal disruption to SV-40's functioning. I wonder whether the scientists considered that the protein coat is what invites antibody formation in the cell, and that elimination of the coat is an invitation to the cell to make a copy of the virus. They actually made no comment of what the "minimal disruption was", of the virus' functioning.

A cartoon published years ago showed two scientists seriously gazing at a complex series of formulae on a blackboard. One of them is holding a pointer to a section that appears unclear or incomplete, and says:

--"And at this point, what?"--

The other answers:

--"And at this point a miracle occurs..."--

The first researcher tells him:

--"I am afraid you'll have to be more precise at this point"--

e next commentary is reminiscent of this cartoon: "The excised quence was then replaced with the rabbit beta hemoglobin gene" Vell, we know better than that, it was replaced with the ***imitation*** nemoglobin gene that ***had all its control codes removed***; whatever the consequences of this might be was anyone's guess). Now comes the best part, not really reassuring to a defenseless world. It was still October of 1978, and the Gay Freedom Parade in San Francisco had just taken place. The world still basked in primeval innocence where **"AIDS", T-Cells** and **ELISA** test had not become household words. It goes on saying that "Directly in front of this [the fake rabbit hemoglobin], "within the viral DNA, was a sequence of a type whose exact function ***is still not known*** (emphasis added), but ***which appears necessary*** (emphasis mine) if the gene behind it is to be recognized by the monkey cell as a template for making protein". The unconscionable monsters who were spending fortunes on this Machiavelic project had no compunction in admitting that they were performing delicate alterations in the command sequences of the genetic programs of three separate entities (monkey cells, monkey viruses and fake rabbit genes), for reasons that must have ranged from Ego to Dollars, without really knowing the potential hazards of several of the steps in the process.

The researchers, though, are happy. To-morrow's nightmares are several pay-periods away. "The final stage came when altered SV-40 viruses were allowed to infect the monkey cells. As the viruses reproduced they commandeered the cell's protein manufacturing machinery to make virus proteins-except that one of these proteins, instead of being a piece of virus coat was rabbit beta hemoglobin". {R01220/m}

A toast to Dr. Frankenstein!

DO GOVERNMENT REGULATIONS INSURE AGAINST VIOLATIONS OF CONTAINMENT CODES?

"...but when she got there,
the cupboard was bare..."
MOTHER GOOSE

We have been assured that containment is the ultimate protection against genetically engineered Andromeda stains and chimeras. The perfect defense against the Golem...But in the real world, viruses held at laboratories disappear, vanish, and are otherwise misplaced. As published in the SAN ANTONIO LIGHT, 4-29-90

PROBE CLAIMS VIRUSES SOLD

"A 16 month congressional inquiry has uncovered evidence that rare and valuable viruses, among them the virus that causes acquired immune deficiency syndrome, were appropriated from the nation's leading "AIDS" laboratory and sold to universities, private companies and other government agencies.

"The principal target of the investigation, the first into suspected corruption in the government's multibillion-dollar AIDS research program is Syed Zaki Salahuddin, a key scientist at the National

Cancer Institute laboratory headed by Dr. Robert Gallo, one of the world's most prominent AIDS researchers." Why is he *really* in the dog-house? What may Dr. Salahuddin have discovered...?

WHAT IS GENETIC ENGINEERING?

It is the *splicing* of one fragment or portion of genetic material, to another. In the living body this often occurs in a spontaneous manner, at sites that naturally favor this process. It can also be carried out artificially, in a procedure similar to splicing film together. In a cartoon style book about genetics, the authors suggest that if you playfully splice God's Little Acre with Pancho Villa, you may come up with a modified product, with some alphabetical sequences removed or modified:

GOD'S little acre + pancho v**ILLA**

ill make **GODZILLA**, a parallel not too far from reality. The results of such splicing may be totally unexpected!

The first three proteins to be recombinantly produced for commercial purposes were

a.-Human growth hormone
b.-Insulin
c.-Interferon

Considering the vast use of insulin, genetic engineering immediately had the potential qualities to become ***big business***. The use for insulin was already established, but the other two were products begging for a practical use. Growth hormone offered little promise in the human market, but interferon could become a billowing force if a good use was found. The best use it could be put to, of course, was the treatment of viral conditions and of immunodeficiencies.

Maybe, if a market was not readily available, a market had to be planned, and created... The big question was, of course, the uncertain safety of such undertakings.

Despite scientific doubts, the recombinant DNA industry became a filthy pond to which hundreds of scientists gravitated, eager to get their hands dirty.

The authors, after addressing the finances of the issue, say: "But forget about money..what about our health??(sic) From the first days of genetic engineering, people have worried about breeding monsters in the lab!!(sic) The fear was that tampering with *E. Coli's* DNA might create a super-deadly germ by accident.

Remember, *E. Coli* lives in the human intestine-if a virulent strain should escape from the lab, there might be no stopping it!"

They suggest that Frankenstein's monster might turn out to be a single celled organism of devastating potential. No major problems were reported by the authors, but they remind us that the strict safeguards legislated for universities do not apply in the private sector.

In their clever cartoon style they alert the readers that the most likely danger is the deliberate creation of a deadly germ. They affirm that "generals have always been known to turn new technology to military use, and they usually find scientists to oblige."

Their corresponding cartoon shows a general riding piggyback on a scientist's back, dangling a contract offer in front of his mount, as you would dangle a carrot before a donkey, to make him crawl, as he instructs him:

--"Repeat after me: 'It's PURE research!'"--.

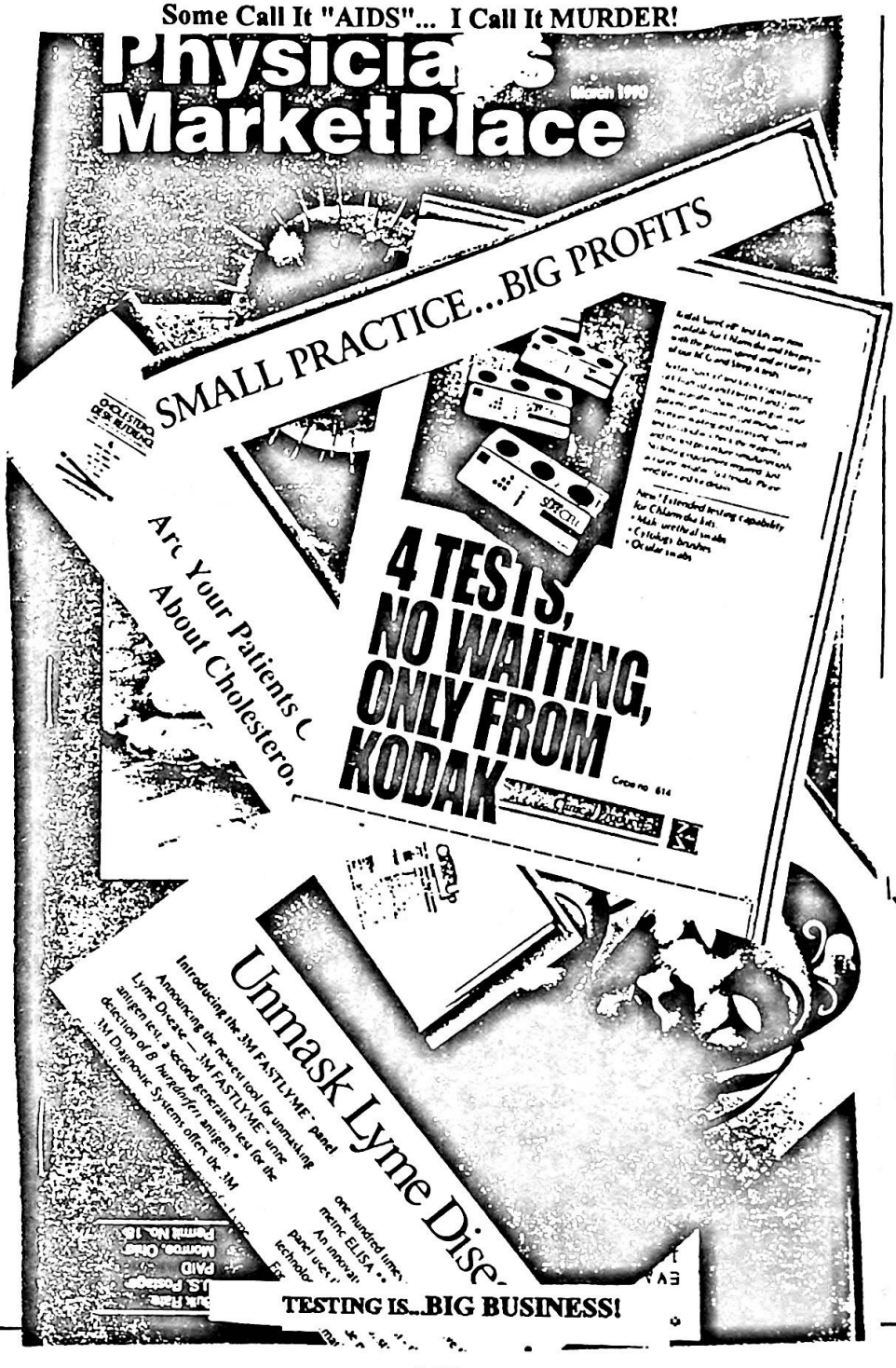
Although treaties to ban biologic warfare do exist, the validity of such treaties is well illustrated by another cartoon, where an American Indian says:

--"Treaties...? let ***me*** tell you about treaties..."--

The authors are concerned about the future, and rightly so. They end their chapter and their book by stating that "With power comes the responsibility of choosing wisely. In part, this depends on accurate information. In a sense, we have come full circle, to a time when everyone must be a biologist, and the world is a classroom!". I could not agree more!. The question to be asked at this point is --Where can you find a reliable janitor to clean up the mess left by the students and the teachers?--

UMOJA RESEARCH

Some Call It "AIDS"... I Call It MURDER!



GENETIC DISEASES: HEREDITARY AND ACQUIRED

Diseases are often caused by changes in the arrangement and structure of a chromosome. Many of these changes can be due to duplications of genes, deletions or loss of genes and recombinations. If you conceive of the word H E A L T H as a string of letters, as a chromosome would be a string of genetic codes, and then envision that

a.-you delete one *byte*, let's say an H so you are left with EALTH

b.-you duplicate a *byte*, let's say L so you now have EALLTH
c.-you rearrange what you have left: now you have LETHAL

You now have changed from HEALTH to LETHAL in on easy sweep!

A NOVEL THEORY OF THE CAUSATION OF ILLNESS AS A CONSEQUENCE OF VACCINES AND OTHER BIOLOGICALS

Normally, *intranuclear* chromosomes are present in sets of twos (two 1s, two 13s, etc.). Each two of one kind are called *alleles*. One of the processes at play in chromosome rearranging is *crossing over*, the passage of some segments of the chromosome to the *allele* (the other of the same number). It is similar to what can happen in the process of reshuffling cards in a deck that has become sticky. Two or more genes (cards) that are close together, rarely get separated in a crossover. It is parallel to what would happen to cars in traffic, where many would be in a line, block after block, depending of how the lights were timed. These gene clusters may also be lost (*deleted*) or moved to another chromosome (*translocated*) by mechanisms that are not fully understood, and at sites that may represent a system that is not yet clear to the researchers.

It is easy to hypothesize that this mechanism would be responsible for the fact that if there were to be a problem with a trait depending of one gene, other traits depending of genes that are close to the first one would create problems in unison if one of these genes were forced to crossover or were deleted or translocated to another chromosome. Like the family who, if they pray together, stay together, the genes that crossover together may be part of a problem syndrome together.

To challenge the possibility that such a mechanism might be part of disease development, we must evaluate certain genetic traits and their location of chromosomes. If they

1.-are located in proximity of each other, and
2.-might be in close contact with a spot where an abnormal gene, let's say an oncogene may attach, and
3.-they represent "loci" or locations of prominent features in oneand the same disease problem

We could establish a theory that some *weakening* gene, like an *onco gene* causes a segment to cross over, *delete* or *translocate*, and that this, in turn, causes *disorder* in a *programmed* process. We call this disorder ***illness.***

Again, the general rule is that genes that are very close together are never separated, those that are at medium distance from each other are rarely separated, but those that are far apart act independently.

Chromosomes have *arms*, into which they are divided, and on these arms specific traits are located. Chromosomal ***loci*** or locations have been assigned certain numbers which refer to the chromosome they belong to, which arm of the chromosome and other characteristics. A location of chromosome 14 could be read as *14p12* or *14q21-q31*, for example. Each genetic trait has a title, and also a symbol. *Nu-*

cleic phosphorylase, for instance, has the symbol *NP*. There are other code numbers and acronyms that are of lesser significance.

SPECIFIC DISEASES AND THEIR RELATION TO CHROMOSOMAL LOCATIONS

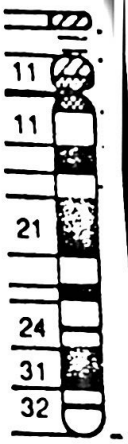
Let us take, for instance, the disease known as "AIDS". Some of its prominent features are said to be what I will describe on the left side of this page. Some of the traits that have already been assigned and mapped in ***chromosome 14*** are described below, in the sequential order in which they exist on the chromosome. Only traits specifically relevant to "AIDS" and immune suppressions are enumerated, skipping others for the sake of brevity. I believe that what we read should be an eye-opener and revealing fruit for thought to readers and researchers alike:

SYMPTOMS OF "AIDS"	CHROMOSOME 14
Cell antigen receptor, alpha subunit	14q12
Nucleoside phosphorylase (causing a ***immunodeficiency***)	14q13
T-cell leukemia-like disease	14q32.3
TCL1 T-cell leukemia-1 Abnormal immune-globulins	14q32.33
IGHV Variable region genes Other immunoglobulin problems	14q32.33
IMMUNOGLOBULIN HEAVY CHAIN CLUSTER	14q32.33
Constant regions of immunoglobulin related to some myeloma proteinsI	several

Unquestionably, certain of the "AIDS" symptoms have correspond ing consecutive locations on chromosome 14. Peculiarly enough, the T-cell receptor *locus* on chromosome 14 has a particular affinity for *SV-40*, a virus necessary for *excision* or replication of a virus *independently* of chromosomal reproduction. The specific group mentioned above follows immediately after a cancer gene: oncogene AKT19, position 14q32.33

Chromosome No. 14

Location	*Status*	*Title*	*Disorder*
14p12	C	Ribosomal RNA	
14q11.2	C	T-cell antigen receptor, alpha subunit	T-cell leukemia/lymphoma
14q13.1	C	Nucleoside phosphorylase	Nucleoside phosphorylase deficiency, immunodeficiency due to
14q21-q31	P	Oncogene FOS, FBJ murine osteosarcoma	
14q21-qter	C	Tryptophanyl-tRNA synthetase	
14q24	L	Cataract, anterior polar	?Cataract, anterior polar
14q32.3	P	T-cell leukemia-1	
14q32.33	C	IMMUNOGLOBULIN HEAVY CHAIN GENE CLUSTER	
14q32.33	C	Variable region genes	
14q32.33		IGD1	C D region genes
14q32.33		IGHJ	C J region genes
14q32.33		IGHM1, MU1	C Constant region of heavy chain of IgM1
14q32.33		IGHM2, MU2	C Constant region of heavy chain of IgM2
14q32.33		IGHD	C Constant region of heavy chain of IgD
14q32.33		IGHG2	C Constant region of heavy chain of IgG2
14q32.33		IGHG4	C Constant region of heavy chain of IgG4
14q32.33		IGHG3	C Constant region of heavy chain of IgG3
14q32.33		IGHG1	C Constant region of heavy chain of IgG1
14q32.33		IGHE	C Constant region of heavy chain of IgE
14q32.33		IGHEP1	C Constant region of heavy chain of IgEP1
14q32.33		IGHA1	C Constant region of heavy chain of IgA1
14q32.33		IGHA2	C Constant region of heavy chain of IgA2



CHROMOSOME 14, SOME OF ITS *LOCI*, AND DISEASES THAT MAY BE CAUSED BY DYSFUNCTION OF THESE *LOCI*

Other symptoms and the corresponding *loci* which are afflicted, are also represented on other chromosomes in close groupings. Symptoms all associated with SV-40 are grouped in similar manner.

THE MOST INTERESTING CLUE TO "AIDS" IS *LOCUS* 14q13.1, *NUCLEOSIDE PHOSPHORYLASE*, WHICH IS ASSOCIATED WITH *IMMUNODEFICIENCY*

Another very interesting clustering is the *G6PD (Glucose-6-Phosphate-Dehydrogenase)* which we have discussed before (the genetic trait usually only present in blacks, now also present in whites that have leukemia), and the *Hemophilia A* factor. Both are genetically represented on the female (*X*) chromosome.

There are dozens of such interesting clusterings, which need to be reviewed by those who have a better understanding of the human genome, but this article intends to be a beacon in the field, to show how the ***Word***, the genetic command is at the root of life and health, and how the ***Adulterations of the Word*** are probably that disruption we know as illness.

HOW ACTIVE IS THE RECOMBINANT-BUG INDUSTRY?

The total extent of this enterprise has been carefully disinformed, but massive experiments and sales of *genetically altered* or engineered specimens are alive, but not all too well. Often they are not publicized as *genetically engineered* because the organisms are altered by *deletions of genetic material, **without** additions,* which ***legally***, if not ***scientifically*** exempts them from being called genetically engineered.

The brutal force of money and power can bend rules, laws and ordinances. Despite legal safeguards and the public's opposition,

some experiments take place. One rather closely scrutinized stud was done in Maddox, Texas, "where an outbreak of *pseudorabie* occurred in June 1984. *Pseudorabies* is caused by a type of *herpe* virus and can be fatal to young pigs."{R02090}

A genetically engineered vaccine was developed by Saul Kit from Baylor, with a departure from the natural viral genome insofar that *the vaccine's virus lacks the thymidine kinase section*, a substance that permits invasion of the nervous system of the swine (what other functions may be germane to it, of course, is unknown).

Another interesting association between unexplained events and recombinants can be gleaned from an article published in the CHICAGO TRIBUNE. The story reads as follows:

ARE RECOMBINANT AGRICULTURAL BUGS AND THE MYSTERIOUS DOLPHIN DEATHS RELATED?

In 1986 another series of permits was being requested, this time for pseudomona-based organisms to control agricultural problems, (such as change freezing patterns of crops and act as pesticides). Although the recombinants used were purportedly not harmful to humans, one must remember that pseudomonas are some of the most lethal microorganisms that exist, and that once they contained labile sites where recombination had occurred, other potential recombinations were also potentially possible, establishing a dangerous situation for a biologic time-bomb ready to go off. If you wish to consider that some of the dolphin deaths have been imputed to possible pseudomonal infections, the theoretical possibility of a connection can not be completely discounted at this time.

THE MAIN HISTOCOMPATIBILITY COMPLEX (MHC)

Chromosome *number 7* of the human genome (*17* of the mouse genome), contains a very important group of *loci* or gene location, the ones that relate to *cell-cell recognition* which determines tissue rejection, allergic phenomena and others.

In 1982, Jean L. Marx was informing us of the progress achieved in the field of recombinant products related to the MHC area of chromosome 7. Controlling this process would be a dream come true for manufacturers and health care practitioners, indeed. In my own tongue in cheek opinion I can see wild fantasies of first basking in the glory of "discovering" lethal conditions that the researchers themselves could create, and then swimming in the abundance of selling recombined products to "repair" genetic conditions that create those problems. Total control and absolute wealth and power could be in the hands of a few technocrats!

"A meeting held in Oxford on 21 to 24 March to discuss the cloning results amply documents the rapid progress that is occurring. Walter Bodmer of the Imperial Cancer Research Fund Laboratory in London, who was the meeting organizer [St. Hilda's College, Oxford] says of gene cloning, 'It's going very quickly. It started with hemoglobin because you could get messenger RNA quickly, and went to immunoglobulins [antibodies] because of the diversity problem. Now it has moved into the MHC.'"

And now, to one of our "AIDS" connections..."Most advanced is the cloning of the class I genes, which include the classic transplantation antigens, substances present on the surfaces of all cells that elicit rejection of transplanted tissue by the immune system of the recipient. About a decade ago, researchers discovered that these same antigens are essential components of normal immune responses, *such as those in which killer T-cells recognize and attack virus-*

infected target cells. the killer cell is 'restricted' in that it ca interact only with virus-infected cells that carry the same trans plantation antigen as it does." (emphasis added) How peculiar ...In 1982 the researchers were ready to initiate industrial production of substances able to tamper with the activity of *T-Cells*. The pre-industrial phase must have been under research for many years before that... And "AIDS" appears out of nowhere, with its T-cell problems?

Just as you have to have a wheel-barrow to move loads of sand from one location to another, to transfer any gene in genetic manipulation, you first need a "probe" a genetic shuttle which moves fragments between DNA assemblages. Many such probes contain portions of SV-40 and other linking genes from the vaccines. The exact nature of the probes used in MHC tests is not discussed in this article, but it describes the intense technical problems in making the proper "probe" to do the MHC engineering. Reading the recombinant babble is not easy and lends itself to endless confusion. After all, it is the same as when computer programmers talk to a lay person, they lose them after the second word, and often this is not totally involuntary! Recombiners admit to be seriously tampering with substances involved in activation of B and T cells. These gene pieces and clusters are assembled from what geneticists call ***exons*** and ***introns***. Exons are the sequences that are reproduced in the replication process, introns are not and are often presumed to be so much "waste" genetic material although no proof exists to that effect. The cloners often simply snip off exons in the blissful conviction that this is expedient and safe.

The pride and joy of the researchers was that after playing dangerously with the newly acquired partial knowledge, they could alter the way and manner in which T-killer cells interacted with virally infected cells. A blockage of some of the histocompatibility

antigens could elicit an inability of the T-cells to properly defend the body against invading germs.

One researcher, Robert Goodenow from Hood's laboratory, warned that unexpected and potentially dangerous events could occur as a consequence of man's tampering with this MHC. In his observation "he found that a transferred histocompatibility gene fragment was expressed on the cell surface in an apparently full-sized molecule." He hypothesized that the substance might have interacted with cellular DNA and reproduced *with* it. Without forecasting any specific disastrous consequences, he simply showed that when you play games that have rules you do not yet understand, you may well get far more than you bargained for.

CHAPTER XXXIII

BIOENGINEERING, A FERTILE GROUND FOR CRIME

THE MAIN HISTOCOMPATIBILITY COMPLEX

The genetic program controls body processes. Immunity is no exception: many facets of this process are genetically connected through the information provided by specific genes. This assemblage is called the ***Main Histocompatibility Complex*** or ***MHC***.

Immunity is the term used to denote our ability to react defensively against onslaughts by foreign molecules, while respecting our own. It is understood that the ***antigen***, the molecule that induces an ***antibody***, and the substance it induces, the ***antibody*** are somehow identical, attracting each other like *electromagnetic dominos*: (5 attracts a 5, 2 is matched to a 2).

WHAT MAKES US REACT AGAINST A CERTAIN SUBSTANCE?

Just as our perceptions and emotions color the responses we exhibit to a given situation or event, immune reactions against an offender depend not only on the specific *immunoglobulins* at play, but on the way the *MHC* affects the way that *T-cells perceive* the attacker.

We are used to think of substances such as ragweed and oak pollen as allergens, the fact is that *any* substance can act as an antigen, provided it is attached to an antibody ***inducer***. These incomplete antigens are called ***haptens***, the enhancers are ***carriers***. This provides for added assurance that the substance will invite a reaction: the immune cells tend to recognize the ***carrier***, while the antibodies are attracted to the ***haptens***.

An added safety feature is that *T-cells* are also able to provide for a *delayed hypersensitivity reaction*, that can take over when the antibodies can no longer do the job, once the antigen has been denatured or modified.

In guinea pigs, at least, it was determined that a specific genetic trait called the ***Ir*** or immune response gene would control the all important interrelation between ***T*** and ***B cells*** for proper immune response.

THE NEW KNOWLEDGE, IS IT REALLY TO YOUR BENEFIT?

Due to the newly gained information, we know exactly where some (but not all) genes are located, chromosome number and relative position.

The studies in the area of the MHC are varied and often far beyond the scope of this book, but one thing is for sure: The researchers

have developed the ability of creating and modifying chemical substances to stimulate, suppress and otherwise affect the responses of T and B cells in such a way that they can skilfully manipulate life or death with simple, inexpensive substances. Although academia follows the usual glamorized promotion campaigns, promising cancer cures and many other miraculous and magic lotions and potions (promises which invite dreams of wealth and fame in those who benefit from their fraudulent trade), they carefully omit informing the consumer that the new knowledge gives them the potential capacity of performing genetic manipulations without being discovered, if they would chose to do this, for instance, in a mad hand of biowarfare.

The MHC is not the only system well studied, but the commands of other chromosomes are also known. One of them, is of great inter to us: ***the T-cell receptor***

THE ALL IMPORTANT CHROMOSOME 14

Chromosomes have been identified, numbered and studied to determine which body-function commands are stored or encoded in each one, and at what location in that chromosome.

Chromosome 14 has been studied thoroughly because it is often broken or abnormal in people who suffer from tumors originated from T-cells. *Chromosome 14* also is the location where the commands for two very important immune substances are imprinted: the alpha-chain of the ***T-cell receptor***, and also the heavy chain of the human ***immunoglobulin***.

CHROMOSOME 14: IDEAL TARGET FOR DESTRUCTION. IT IS THE HOME OF TWO DIFFERENT ANTIGEN RECEPTORS

The ultimate, and most dangerous dream immunologists dreamt of in June of 1981, as they relished in fantasies of fame and wealth, was to find the genes coding for the most specific and important element of the immune response, T-cell receptors, and to learn the correct answer to the following:

a) whether T-cells had one or two receptors and
b) whether T-cells had one or two variable regions.

AND WHERE WAS AT LEAST ONE OF THE T-CELL RECEPTOR GENES?

In April of 1985, SCIENCE published and article about *T-cell receptor genes*, having found that its location was, lo and behold!, on *chromosome 14*, precisely the very one on which the *loci* for the *immunoglobulins* are located.

T-CELL RECEPTOR AND IMMUNOGLOBULIN GENES ARE NEIGHBORS ON CHROMOSOME 14

Please, consider, the remote but real danger that elements used to tamper with the functioning of such vital and delicate structures, should be accidentally or deliberately released into the environment, and that some genetic *probes* (the genetic taxicabs that ferry genetic material from location to location), inoperative under one set of conditions, could be activated in a random manner by the addition of totally mundane or everyday activators (maybe sunlight or laundry detergent) and begin to function as uncontrolled recombinators out-

side a safe containment facility. Imagine the havoc that might occur if such "probes", --God forbid!--, are introduced in a vulnerable human being!

But man is reckless in his vanity, and despite the legitimately foreseen risks, money was good for those willing to throw aside scruples and care, and in the late 70s the blind were still leading the blind in the most dangerous and bizarre pursuits. What pits they fell in is yet to be determined, but they were dirty, for sure, and only time will tell. "AIDS" may just be one of the bastard children born in this pile of refuse!

RECOMBINANT DNA PRESENT IN MONKEYS USED FOR VACCINES?

Propitiating the gods has always been under the control of the magicians of legendary kingdoms, and sacrifices are often offered to these deities. Following the usual custom of aiming at invoking magic protection through the sacrifice of valuable commodities such as money, time, paper and printing ink, law after law was written and enacted with the promise that such legal verbiage would perform the miracle of *containing* recombinant experiments within the laboratories, the scientists certainly made few provisions to protect us of certain unsuspected risks, such as the direct inoculation of recombinant materials into humans via cells used in culture materials for vaccines.

As you will recall, vaccines are produced by the cultivation o viruses on the living cells of monkey kidneys. Initially, there appeared to exist some sincere concern about production risks: the procedures used as a precautionary measure to select monkeys for vaccine production followed (or were designed to follow, if complied with) certain guidelines and/or precautionary measures, designed by the World Health Organization Its publication: REQUI-

REMENTS FOR BIOLOGICAL SUBSTANCES Nos. 1 & 2, page 20, states that: "3.1.2. MONKEYS Suitable species of monkeys, in good health, shall be used as the source for kidney tissue for the production of poliovirus....Kidney tissue from monkeys that have been used previously for experimental purposes shall not be used. An exception can be made in the case of monkeys used for the safety or potency tests with negative clinical findings."

To understand why rules and guidelines exist only to be circumvented, it is necessary that we look at the very important economic circumstances that surround the cell production industry, and the monkey business of monkey trade. Monkeys do not come cheap, their prices fluctuating between 600 and 10.000 dollars. Now, according to existing regulations, there is a special procedure to be followed to dispose of used monkeys, establishing that the furry creatures are to be done away with, euphemistically referred to as "sacrificed" in a specific way. The regulations even go as far as to imply that they are written with due concern for the human's (if not the monkey's) feelings. It claims that due to the fact that caretakers may grow fond of the animals, they (the animals, I guess?) should be disposed of when the researchers were not watching, after regular business hours, by support personnel. I can well imagine an underground *monkey business* that sells simians used in one lab for dangerous experiments, to another, at substantial savings, through some grapevine that can only promise "GRAPES OF WRATH". It makes sound economical, if not hygienic sense: who in this business, making a minimum salary with a future looking no brighter than that of the monkey, could refuse an profitable chance at buying a good looking monkey offered at half price, if such transaction had a negligible chance of ever been discovered, if no one could tell what the animal had been used for, and the buyer could resell it at a good markup?

As though there was not sufficient occasion for man-made disaster i the violation of regulations, the government's immense wisdom late modified the U.S. CODE OF FEDERAL REGULATIONS, th document where this type of rules are published. It recommende that monkeys used in experiments ***could*** be reused if they did no develop clinical illness 6 weeks after the experiments. It is a fore-gone conclusion that, if recombinant genetic material is injected into an adult monkey, it would probably not develop clinical illness, but what is the potential for those molecules to induce mutations in newborn humans injected with vaccines grown on materials containing recombinant molecules? Is there an even worse scenario, where the individuals from cohorts injected with such abominations are going to try to have a family, and babies will not be conceived or born dead because they are victims of recessive or dominant lethal traits, or, even worse, will be born part rattlesnake or part rodent? The time for these events to start manifesting, if my fears are correct, is pretty soon, because the recombinant experiments started actively in 1972. The first human recipients of recombinant material injected into live monkeys later used in vaccine manufacture, would be 18 years old around 1990. We will have to wait till their offspring can be examined for mutations, or their infertility rates determined, to see if the worse scenario mentioned above will come to pass.

HOW ARE GENETICALLY ENGINEERED PRODUCTS TESTED?

BIO-RESEARCH BECOMES BIO-WARFARE
WHERE THE WORLD IS THE
PLAYGROUND OF THE SELF-APPOINTED GODS...

Genetically engineered products are often difficult to test or market under some of the very stringent laws in this and other countries. But, as a well known Argentine adage states: wherever there is a law, there also will be a loophole to get around it..., for laws are more of a challenge than a hurdle to those who make it a habit to break them.

Unauthorized experiments probably take place in many locations at all times. Since Argentina is my country of physical birth, events in that land are more accessible to me than those occurring in other places. It was unavoidable that good friends called my attention to an incredible crime perpetrated against my fellow Argentines and also my fellow Americans.

dnesday, Nov. 12, 1986 The Philadelphia Inquirer 5-B

Test halted on vaccine for rabies

Field test of Wistar vaccine halted

Institute director Hilary K... wski said the reaction in Argen... as been to mount a campaign ... against both the insti... an American Health ...dependent re... with the ...ad.

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WEDNESDAY, NOVE...

Argentina Protests Use of Live Vaccine By Scientists of U.S.

By KEITH SCHNEIDER
Special to The New York Times

...INGTON, Nov. 10 — The na... lest biomedical research insti... id today that it participated in ... nts in Argentina l... summer ... field testing of ge... accines for ani... dge or approv... nited States ... involving a... ed criticisrd... ials and s... said it ra... quacy o... progra... iotech... titut... the... A...

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TUESDAY, NOVEMBER 11, 1986

Argentines Angry Over U...

Continued From Page A1

...ident Reagan in June does not pro... ...erican companies or research ... ...s from testing genetically ... ...roducts in other countries ... ...gathered by the ...

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SETTING THE STAGE OF THE CRIME

Argentina is a country the size of the U.S.A. east of the Mississippi, with a climatic distribution and population ethnic mix not very unlike that of the United States. It is vastly underpopulated, with maybe 28 million people, 1/3 of which live in and around the city of *Buenos Aires*. South of there there is a small agricultural town called *Azul* (a Spanish word meaning the color Blue). The *Panamerican Center for the Study of Zoonoses* has a branch in this town.

FAKE VACCINE FOR AN EPIDEMIC THAT NEVER WAS HE STORY IN THE PRESS

The following articles have been translated and reworded ever so slightly in an attempt to make them clearer. They are confusing, not just because they are a translation, but because the authors obviously did not quite understand the subject matter, the briefings were apparently deliberately vague and disinforming, the story itself being a certifiable mess and deception.

LA RAZON, a Buenos Aires evening paper published several articles, quoted and translated below:

LA RAZON (Buenos Aires, Argentina) September 28, 1986, pp.1 and 22{R01010} (summary and translation by Eva Lee Snead, MD.., from the original Spanish)
"Dangerous Scientific Experiment in Azul" (Hernando Albornoz, exclusive to "LA RAZON")

"The Panamerican Center for the study of Zoonoses, which belongs to the Panamerican Health Center, and operates in the city of Azul, is experimenting with a new antirabies vaccine of unsuspected consequences. A committee of virologists of the Secretariat of Public Health (of Argentina) recommended the rapid discontinuation of this

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experiment, which is financed by the Rockefeller Foundation and performed without permission of the Argentine authorities. We are dealing with a genetic manipulation with serious and unexpected risks to the country.

"A committee of virology experts summoned by the Secretary of Public Health considered the open field experiment performed in the country with a new antirabies vaccine of unpredictable consequences to be a blatant violation of ethical principles and advised its immediate interruption.

"As confirmed by official circles and in the Argentine scientific community, scientific trials are being performed since last April on 40 head of cattle at an experimental farm of the Panamerican Center for the Study of Zoonoses (an international organism that is part of the Panamerican Health Organization) and is located in the city of Azul in the Province of Buenos Aires. They are using a cow-pox virus in combination with the surface glycoprotein gene of the rabies virus.

"Four laborers and their families, as well as all the farm animals are being directly affected by this research which is taking place without any permits of the appropriate agencies, such as the Secretariat of Public Health and the National Service for Animal Health (SENASA). A new virus has been let loose into the environment without any sanitation control and without following any of the basic safety regulations.

"The Argentine experts issued an opinion after an interview with an employee of the Wistar Institute in Philadelphia, the Argentine born Roberto Waineman, who came to Argentina especially to offer some explanations. Waineman was also interviewed by another group of officials of the Secretariat of Agriculture and Ranching.

"The new product developed by the Trangene (sic), (a French company) gave positive results with the farm animals." (It is a question in my mind what they may mean by that statement). "Now they are testing the consequences on humans. These tests have not been authorized in Europe or in the United States, because of the fear that when man enters in contact with the vaccinia (small- pox) (sic) virus, the vector virus may be reactivated and there may be a recurrence of pathology long overcome and eliminated from human pathology." (They refer to *a vector virus*, but neither the Argentine or American experts confessed that in any vector there are portions of at least a **third** virus, most often *SV-40.*

It was learnt only recently that the director of the Wistar institute, Dr. Loprowski (sic) expressly came to Argentina himself in March and succeeded in getting the Argentine branch of The Panamerican Center for the Study of Zoonoses (CEPANZO) to accept the research that the Center for Animal Virology in Buenos Aires had refused to perform because it neither had the authority to do it nor the proper health controls. Loprowski(sic) himself started the job, leaving the Peruvian scientist L. Acha in charge, who later was replaced by Held, an American.

"Scientific sources affirm that the international firm Merieux, (second in world-wide volume of vaccine production) and the Rockefeller Foundation are the force behind these biotechnology ventures and finance the experiments.

"Roberto Waineman admitted to the Argentine scientific and administrative authorities, that the tests were being performed without any official authorization and without the agreement of the people they affect, but requested permission to continue doing them until December to complete the process.

"LA RAZON", September 28, 1986,{R01010}
"Background to the Dangerous Experiment in Azul." "Cuando el Ingenio de la Bioingenieria da Rabia" "When the Ingenuity of Bioengineering Causes Anger" (this is really a play on words. "Da rabia = causes anger" also means: "causes rabies" in Spanish). By Laura Rosenberg (exclusive for "LA RAZON")

"The events related to the experiments with recombinant vaccines performed in Azul (a city in the province of Buenos Aires), appear to have begun in this country (Argentina) some day in March of this year, when Hilary Koprowski, director of the Wistar Institute of the United States-arrived at the Panamerican Center for the Study of Zoonoses, (CEPANZO) in that city of the province of Buenos Aires, where he rapidly organized the research to see what effects the VACCINIA-RABIES virus would cause when it infected humans."

A FOREIGN COUNTRY (ARGENTINA) WAS CHOSEN AS THE SITE FOR ILLEGAL EXPERIMENTS WITH RECOMBINANT VIRUSES TO SEE WHAT EFFECTS THE VACCINIA-RABIES RECOMBINANT MIGHT HAVE ON HUMANS!!!

"This story which was made public last Monday, bears a strange relationship with another one, less well known in this part of the world, because it took place in the United States some months ago, and it received little coverage.

DEATH COMES IN RATION BAGS FOR RACCOONS

"One October night, last year, a small Cessna flew over the Susquehanna area, in the State of Pennsylvania, dropping two thousand plastic bags filled with pieces of turkey, cheese slices, bananas, fish oil and natural fruits. The surprising contents were aimed at

some even more peculiar subjects: the wild raccoons, similar to the *coati* that inhabits the northern regions of our country.

"Charles Ruprecht, a researcher of the ***Wistar Institute in Philadelphia,*** commented at that opportunity that --"It was a shot in the dark; we did not know at the time whether the animals would be interested in the bait--."

"Those bags were part of a scientific test to determine how effective that bait was, *which could be eventually contaminated with the* ***recombinant vaccinia-rabies virus.***

"The bait which had been *cooked* in the Wistar Institute --devoted to research against rabies-- was part of experimental testing which might lead us to an ideal alternative for a massive vaccination of wild animals.

"Until now, Americans had resorted to the vaccination of their pets, and the avoidance of wild animals as a means to control the rabies scourge. Nevertheless, despite such measures, rabies epidemics are not unusual in the United States, especially among populations or raccoons which inhabit the Southern and Eastern states. *This determines that the wild animals are the main reservoir of the rabies virus.*

"Historically, the disease had been confined to the states of Florida and Georgia. However, in the 70s it spread to Virginia, in a short time to Maryland, and in this manner made it to Washington, the capital of the United States. In 1981, 18 rabid animals were found in the State of Pennsylvania, where the Wistar Institute is located. In 1985 the count was 450." (It would be interesting to know why an endemic infection such as rabies in wildlife, should have suddenly decided to take a leap and distribute in such a different geographic

pattern. Could the corruption in Washington be such a strong attractant, or are other forces at play?).

"The authorities assumed that the epizootic (epidemic among animal populations) could be controlled if a high percentage of wild raccoons were vaccinated. Actually, several researchers had been studying the possibility of carrying out a program of mass vaccination of those mammals. Nevertheless, they encountered two problems: how to design a vaccination campaign for 'non-compliant patients', and what type of vaccine had to be used.

"While the Americans pondered a solution, the Europeans were also looking for a way to eradicate the rabies virus, especially those carried by red foxes (*vulpes vulpes*). In the last four months of 1985, 5,043 cases of rabies had been counted, and it is estimated that there is a yearly death rate of about 1,250,000 cases of foxes who are killed by this malady.

"The Canadians, in turn, who were also worried about epizootic statistics, dropped liver scented sandwich bags, "seasoned" with a standard rabies vaccine made with ATTENUATED viruses, from the air onto the State of Ontario.

"The Americans, with expertise in raccoons, did not stand back. They knew that that vaccine was too weak to insure an effective immunization. And yet, if its 'strength' was increased, the germs could express all of their potential and, instead of fulfilling a preventive role, they might create worse problems.

"As a result of this, the Wistar Researchers and the French company Transgene placed their bets on genetic engineering, the novel branch of biotechnology, capable of 'rearranging' genetic materials.

"By extracting the appropriate gene from the rabies virus, they proceeded to insert it into the hereditary material of the smallpox virus. In this manner, they created a new virus: VACCINIA RABIES --sufficiently powerful to immunize raccoons and so different from the 'complete' rabies virus that it would not unleash that illness.

"In a test performed on three foxes in total confinement, they were given the oral recombinant vaccine and the animals became immunized. There are no side effects noticeable at the present time. Nevertheless, Dr. Michael Kriegler and his team from the Institute for Cancer Research of the United States, suspect that the recombinant **MIGHT GENERATE A NEW ILLNESS WITH UNKNOWN CHARACTERISTICS.** They manufactured one constructed from the virus hich produces 'Moloney's Leukemia', which had a fragment of the bies virus attached. When he inoculated rats they proved that **THE ERM DID NOT HAVE THE CAPACITY OF INFECTING THE T LYMPHOCYTES, AN EXCLUSIVE CHARACTERISTIC OF THE MOLONEY VIRUS.** (emphasis added).

"The Wistar researchers suspected that the recombinant **VACCINIA-RABIES** also might infect cells other than those which originally would be attacked by the normal vaccinia agent. If the smallpox virus would settle in the nervous tissue, could it provoke a new disease? They would have to find out.

"Charles Rupprecht from Wistar, and Dave Johnson from the Ministery of Natural Resources of Ontario, dreamt up the system of distribution of the recombinant viruses which was going to be done from the Cessna, so as to have a methodology ready for the day when the vaccine would be approved and the real campaign could be carried out. So, they tested it.

"The rehearsals were performed in the fashion the real vaccination campaign would have taken place. There were no viruses added to

the bait. To the contrary, the TREATS intended for the raccoons were impregnated with tetracycline, an antibiotic that stains teeth.

"This characteristic would be crucial to calculate how many raccoons ate the bait-food from the bags. Rupprecht and Johnson knew that those animals frequently lose their teeth, and they, who were well trained, could then find them digging up the soil with great patience." (I feel compelled to add some vital information at this point, that will permit the reader to understand the unmitigated gall of the informant: Patience they really would need, because tetracycline will cause dental staining ONLY IF administered BEFORE the eruption of permanent teeth, which would manifest many months after the ingestion of the antibiotic. Teeth lost in the wild (if this really happens) shortly after food intake would not be stained, and it would not only take Rupprecht and Johnson's "training" but a fraud and dishonesty to produce a handful of raccoon teeth with tetracycline stains a few days after the experiment. Rupprecht and Johnson are not going to be household words as *experts* as are Masters and Johnson...

"A few days after the 'Cessna night', they returned to where the food-bags had fallen and gathered many teeth. The lab proved the test to have been a success." At this point, ladies and gentlemen, I believe a Congressional Investigation could shed some light on what Wistar is really pulling (and I do not mean teeth...).

"Although the results of this preliminary test were not publicized until after a meeting at Cold Spring Harbor, in New York, the beginning of this month, it was obvious that the Wistar Researchers already knew since the end of last year, how to get the raccoons to *swallow the pill.* The next step would be to include it in the food packages. However, such a decision would imply freeing a *new* organism in nature.

"The Board of Directors of the Institute faced a problem: these experiments are forbidden in the United States and in France --the home of TRANSGENE--.

"In the meantime, Merieux of Lyon --possessor of the patent to commercialize the vaccine-- was anxiously awaiting a confirmation of safety in humans, to put its paperwork in order and market the product".

"This article was developed by the Program for Scientific and 'echnical Information (CYT)"

'HE NEW YORK TIMES, November 11th, 1986,{R02260} "Argentina Protests Gene-Splicing Test by a U.S. Concern" by Keith Schneider (special to the NEW YORK TIMES) WASHINGTON, Nov. 10 - The nation's oldest biomedical research institution said today that it participated in experiments in Argentina last Summer involving field testing of genetically engineered vaccines for animals without the knowledge or approval of the Argentine or United States Governments" (I find it unbelievable that no commas were used throughout this sentence: for instance, it is really impossible to tell whether "without the knowledge..." means that the experiment was done without governmental knowledge or whether the experiments was done for those animals who did not have the knowledge...

"The test, involving a living rabies vaccine, stirred criticism in Argentina. And among Federal officials and scientists in the United States it raised questions about the adequacy of a new Reagan Administration program to regulate the products of biotechnology research.

"20 cows inoculated"

"The Wistar Institute of Philadelphia, which considered the test in collaboration with the Pan American Health Organization, said it was not required to inform either government because Argentina has

no rules governing the biotechnology industry and the United States (sic) rules did not apply.

"In the test, 20 cows were inoculated in July with a gene-altered viral vaccine at an agricultural station in Azul, Argentina.

Officials of United States Regulatory agencies said the Argentine experiment illustrated a hole in the United States' regulation of the products of biotechnology. These administrators said the Argentine field trials appeared to be the first instance in which an American research laboratory bypassed United States Regulations and tested a new biotechnology product in another country.

"The regulatory program, signed by President Reagan in June does not prohibit American companies or research laboratories from testing genetically engineered products in other countries.

"'I am not bothered by the idea of United States research institutes and companies going abroad for their testing', said Dr. David Kingsbury, an assistant director of the National Science Foundation, who coordinated the development of new United States regulatory program). 'But I am appalled that they did it without the knowledge of that country. Given the volatility and concern on this issue, you just don't do things like that.'

"The potential danger with living engineered viruses is that people handling the inoculated animals or drinking the milk may become ill, although most experts do not consider this likely. The Argentine Public Health Secretariat said he farm workers who handled the animals and milked them had never been told that the herd had been inoculated with an experimental vaccine.

"Several cases this year"

"The Argentine case is the fourth this year to raise concern among scientists and Federal administrators over tests in the environment of living, gene altered microorganisms." (Again, no commas. Are we referring to "living, gene altered microorganisms' being used in the test, or were the tests done in an *environment* belonging to such organisms? "In March the Environmental Protection Agency fined a California Company for conducting secret tests of a gene-altered microbe designed to prevent frost damage in plants. In April, the Department of Agriculture suspended the license of a Nebraska ɔmpany to market an engineered vaccine for herpes in swine for ·o weeks, and in October, the National Institutes of Health rebuked Texas researcher for testing this vaccine on a herd of swine.

"Dr. Kingsbury said that the Argentina case might 'illustrate another problem with the new Federal rules.

"'This is a very important product, a rabies vaccine', he said. 'Wistar must have felt that the regulatory framework was too stringent. We may be overregulating and pushing companies to test their products overseas.'

"Other experts disagreed. 'This incident drives home the importance of the United States' taking the lead in regulating the products o biotechnology, particularly microbial products that could present dangers to public health and safety,' said Jack Doyle, an analyst with the Environmental Policy Institute, a private group, and author of ALTERED HARVEST, a text on the influences of genetic engineering on farming."

"Spliced into common virus"

"'I don't think we have stringent enough regulations', he said. 'We don't have our regulatory act together. There is dispute and division in the scientific community over these regulations.'

"The gene-altered rabies vaccine has been under development at the Wistar Institute since 1983, according to Dr. Hilary Koprowski, the institute's director. The vaccine was produced by isolating a single gene that produces a protein on the surface of he rabies virus. The protein signals the immune system of animals to begin producing antibodies and other substances to fight the virus. Researchers in Philadelphia spliced the single rabies gene into vaccinia, a common virus that has long been used to produce vaccines such as smallpox vaccine.

"Dr. Koprowski said the genetically engineered vaccine was safe because it would not mutate, become virulent and cause infection. "(Considering that such phenomena depend on environmental and other circumstances, Dr. Koprowski accomplishes quite a fete in prophecy!). "The Wistar Institute is one of a number of American laboratories that is seeking a cheaper, safer rabies vaccine that will work on larger animals; rabies has become a plague among raccoons in the United States, foxes and other wildlife in Canada and cattle in South America. The concern has tested the rabies vaccine on raccoons at the University of Pennsylvania and sent samples to Canada to be tested on laboratory foxes.

"The Argentine Government learned of the test early in September from a Scientist at the Wistar Institute. The Argentine Public Health Secretariat investigated and decided on Sept. 19 that the experiment was a 'violation of ethical principles.'

"Six days later Argentina barred any further experimentation on the cows and named a commission to study the incident. This commission issued three reports criticizing test procedures. The commission saw an unreasonable risk to farm workers and criticized the Wistar Institute and the Pan American Health Organization for allowing the cow's milk to be consumed by humans.

"To-day in Buenos Aires, Argentine health officials and scientists met to consider whether to close the Pan American Health Organization station in Azul."

"'Nobody really knows'"

The danger of this is that nobody really knows what happened to the people who were exposed to this vaccine virus,' said Dr. Daniel Goldstein, professor of biology at the University of Buenos Aires. Dr. Goldstein returned here today after a week in Buenos Aires.

"'In this case it was something done in secret,' Dr. Goldstein said. 'The essential point is that people who work on these kind of projects should be absolutely informed about the risks. This is morally wrong. And it's politically wrong. It's wrong for American laboratories to test such things in other countries.'

"Officials of the Wistar Institute and the Pan American Health Organization, an independent research and health care group affiliated with the World Health Organization, said today that Argentina had no regulations governing the use of genetically engineered microorganisms or their release in the environment. As a result, they said, it was not necessary to tell the Argentine Government about the experiments.

"'We have a lot of experience with this kind of vaccine', said Dr. Koprowski. 'It was not my business to bring this to the Argentine

Government. It is my understanding that experiments done on the premises of the United Nations are under the Responsibility of the agency involved, the Pan American Health Organization.'"

"Toying With Genes, and Argentina" THE NEW YORK TIMES, Nov. 12, 1986, pA30 **Editorial**

"The Wistar Institute in Philadelphia has long been a pioneer in developing new vaccines. But when it went to Argentina to test a new, genetically engineered vaccine against rabies in collaboration with the Pan American Health Organization, it neglected to insure that Argentina was informed. The authorities there had understandable cause, when they learned of it, to stop the experiment. They called it a 'violation of ethical principles.' It is at the very least a poor way to do science, let alone win friends.

"Genetic engineers are able to switch genes from one organism to another. Wistar had a French company, Transgene, take a gene that forms the rabies virus's coat and transplant it into the gene set of the cowpox virus. An animal infected with the hybrid virus should develop antibodies against the rabies coat protein. That should be safer than the present vaccine.

"But a cow-pox virus carrying rabies genes is a novel organism. Will it behave differently in nature? Could it become more virulent, causing more serious disease in cows and humans? "Most probably not, since the extra gene would be just an impediment. But as with all the novel organisms now being prepared for release into the environment, no one can be sure, least of all those with an academic or financial interest in doing so. That's why the new technology is regulated by Washington on the advice of expert scientific committees that seek to reduce risk to reasonable minimum.

"There's no theory to predict the effect of novel organisms in the environment. Partly because of scientific unknowns, the Federal regulatory system has been slow and cumbersome. But that's no excuse for ignoring it. Apparently neither Wistar nor the Panamerican Health Organization sought Washington's advice on the rabies vaccine experiment. Even though the trial was to be conducted abroad, consultation would have been prudent and cost little, especially if the vaccine was as safe as the Wistar Institute claimed to believe.

"'It was not my business to bring this to the Argentine Government,' the Institute's director, Dr. Hilary Koprowski, told Keith Schneider of The Times. It would surely have been a courtesy. The evolution f efficient regulation in Washington can only be impeded by such valier end-runs."

LA RAZON, November 25, 1986,{R01020}
"Reprisals by the Wistar Because of the Incident in Azul" by Hernando Albornoz, Exclusive to LA RAZON

"The Argentine scientist who blew the whistle on the genetic experiment with the vaccinia-rabies virus, that was being performed on the sly on people and cattle, under the direction of the Wistar Institute of Philadelphia (USA) at an experimental farm belonging to the Panamerican Health Organization, which is located in Azul, in the province of Buenos Aires, was expelled and left without a job by that institution where he had been working under contract for over a year.

"Mauricio Seigelchifer, age 31. Ph.D. in Biology, professor and researcher at the College of Exact Sciences of UBA" (University of Buenos Aires) " was selected and hired in 1985 to do work on oncogenes by the Wistar Institute, one of the most experienced

American genetic engineering institutions, which is financed by private and U.S. government investments.

"The contract had been extended for another year, last July, but the reporting of the experiment with the new virus --never before tested in our world, without environmental controls-- , represented to him the removal from his position at that time, and now his permanent loss of his work. The Argentine researcher discovered last August, when participating at a private seminar of the company, where the full implications of the research project were discussed.

"Seigelchifer worked in the laboratory of Molecular Biology of the Department of Bio-Chemistry, College of Exact Sciences from 1978 until his contract with the Wistar and he published various papers in multiple international publications dealing with enzimology. When the news about the experiment were made public-through the paper "LA RAZON", the scientist was forced by the Institute's Director, Dr. Hilary Koprowski, to sign a disclaimer assuming responsibility for the consequences that the disclosures he made could have on the institute or the research project..

"The decision to expel the researcher was made two days after the NEW YORK TIMES condemned the Azul experiments by publishing a detailed information on the first page of the November 11th edition, and two days later an editorial titled "Playing with Genes in Argentina", echoing what this newspaper had published two month in advance.

"David Kingsbury, Assistant Director of the National Science Foundation of the United States said 'I am not disturbed that the Research Institute and businesses of the United States do their research abroad, what seems unconscionable to me is that they did it without the knowledge of that country', in a declaration to that newspaper. Hilary Koprowski, director of Wistar, maintained that 'it is

not my place to present the case for the Argentine Government. The experiments performed on grounds belonging to the United Nations are the responsibility of that Organization', in that case, the Pan-american Health Organization.

"According to the Times's article, the Argentine case would be the fourth incident that year, where American Enterprises and Laboratories tested genetically engineered products secretly or in foreign countries.

"That newspaper's editorial considers the experiment in the research farm of the Panamerican Center for the Study of Zoonoses, to be 'a very low form of doing genetic engineering.'

"The people working for CEPANZO, involved in the experiment were the Director, Joe Held, the Chief of the Rabies Unit, Ana Maria Diaz, and the Chief of the Experimental station in Azul, Luis Lozano. Also, the Wistar Institute in conjunction with the French company Transgene, manufacturers of the new recombined virus, the Rhone-Merieux Laboratories from Lyon (France), that performed the blood tests, and the Rockefeller Foundation that provided the financing.

"Previous attempts"

"Dr. Jose de la Torre, Director of the Center for Animal Virology, a dependency of CONICET, assured the newspaper LA RAZON that the experimentation with the live vaccinia virus had already been attempted there before, but that the requirements of Public Health to authorize such tests, caused the promoters to temporarily set their idea aside.

"La Torre, who was part of the committee of virologists who inspected the circumstances under which the tests were being

performed, and recommended their termination and the destruction of the animals used in these tests-this was done last week-among other measures of safety. He affirmed that he visited the headquarters of Wistar to exchange research work and personal experience because of an agreement of cooperation between the CONICET and the Paul Foundation. 'That is where the idea of cooperating in the research of recombinant vaccines, among other possibilities, he said-but obviously they first would have to sign a letter of intention where the conditions under which the tests would be performed had to be specified. This last point was what made the Wistar researchers to change their mind and we had no further notification of the intention of cooperation on this matter', was stated by La Torre.

"The scientist maintained that the Argentines, and especially the scientists are not opposed to investigating or developing new products, but to the contrary. 'We are greatly interested-he said-because this is how we advance and favor the work of local researchers, but we are not ready to do so without the proper precautions. We have, in fact, had numerous agreements of cooperation with enterprises and organizations of the United States, France and Great Britain, among others, interacting in an egalitarian way so as not to compromise the country's best interest.'"

International Report

"More than 200 Argentine scientists and researchers, who members of various official and private research institutions and organizations will present an international complaint about the events in Azul, by means of a signed memorandum which will be sent to worldwide media such as THE NEW YORK TIMES and the scientific journal NATURE.

"In this paper the scientists conclude that among other issues, 'the performance of this experiment under these circumstances is a clear affront to the recommendations issued by the World Health Organization recombinant DNA.'They maintain that 'the lack of notification of the pertinent authorities and of a strict control of the health of the humans that were involved, added to the potential for dissemination of this recombinant in an open ecosystem, constitutes a blatant illegality that can not be accepted under any circumstances, either scientific, ethical or political. Even worse, the smuggling and then secret use of the recombinant constitutes a complete violation of Argentine sovereignty'."

Iovember 26th, 1986 **"Denials in Regards to the Antirabies accine"** by Hernando Albornoz. Exclusive for LA RAZON

'Oscar Bruni, Director of the National Service for Animal Health, categorically denied the information published yesterday in a morning newspaper of this capital, where it had been stated that 'rabies causes Argentine ranchers a yearly loss of 60 million dollars'-- and affirmed, to the contrary, that the damages caused by that illness 'never reaches more than 0.02 per cent of the beef cattle population, approximately 1600..., which by computing deaths, losses in calves and milk, costs about 600,000 dollars a year'.

"The public officer assured that the information supplied by a board-member of the Panamerican Health Organization to the international United Press agency (UPI), is 'equally false', insofar that it affirms that this type of rabies does not exist in the United States, and he maintained that 'the experiment was being performed in Argentina because it was forbidden in that Northern country, considering the potential risk to humans and animals and the yet ignored potential for pathology that the virus could produce if disseminated in the environment. As proof for this he stated-that the laborers that took care and milked the cows at the farm, were

advised to report any eventual lesions that should appear on their skin, and the protocols of the experimentation also indicated that blood samples were taken from these laborers during the various stages of the experiment'." (The suggestion to look for skin lesions implies that the researchers had some idea of what potential negative effects the product could produce, admitting they knew more than they let on.

"Bruni indicated that 'nobody can say that the experiment yielded positive results and even less that it was proven that the vaccine is safe and effective, because the test were interrupted at the end of September (three months after their start) while the Wistar Institute protocol planned to terminate the job at the end of next December, and all experimental animals were also killed'."

WHO WILL GIVE THE ORDER TO EXTERMINATE CONTAMINATED HUMANS?

Killing the animals was probably a wise move in stopping the spread of whatever ailed them, but will we have to resort to a similar move to stop the contamination of humans?

"According to the local scientific sources which were consulted by LA RAZON, the declarations issued by the OPS, are not official opinions of the Organization, but simply in response to an internal conflict that arose because of the events in Azul.

"Senasa's Director stated that the Secretariat of Agriculture, Ranching and Fishing suspended the payment of a 400,000 dollar installment that this facility makes yearly to the Panamerican Center for the Study of Zoonoses, in response to the seriousness of what happened, and the measures taken to punish the guilty, and until

further defining the relationship between of that international organization with this country.

"The expense caused by this unauthorized experiment to our country, if we include the trips by a commission of experts and authorities and the extermination of the cattle, is more than 7000 AUSTRALES (the monetary unit of Argentina).

"This will be in addition to the epidemiologic studies performed in the area and the clinical follow-up of the humans who were involved, not to address the long term consequences of the liberation of the virus in the environment."

A RAZON, February 3, 1987, p. 28

ethal Experiment"

Argentina will denounce the scientific experiments with a virus which has infected 10 people in Azul.

"Argentina will request international aid and will denounce an experiment performed in 1986 with a virus created through genetic engineering, intended for the manufacturing of a vaccine against bovine rabies, but that has been detected in humans now, to the health authorities of the world.

"According to the sources that were consulted, the Chancellory is preparing a protest letter, addressed to the Panamerican Health Organization (OPS), which is responsible, in conjunction with the Wistar Laboratory in Philadelphia, United States, of the experiment that was cancelled in November of 1986, six months after it was started.

"That experiment was interrupted because the Argentine Government had not been informed of its nature or that it was being performed, was reported by Oscar Bruni, director of the National Service for Animal Health (SENASA).

"Meanwhile, Wistar Labs, considered to be the international center of reference of the World Health Organization in the fight against rabies, limited its responsibility and stated that it was up to the Panamerican Health Organization to inform the Argentine Government about this matter.

"Bruni indicated that Argentina will request international assistance to analyze the potential consequences that might surface due to liberating an artificial virus in nature, which has spread to humans and probably to other animals of the area where the experiment took place, according to the result of studies that were performed. "Bruni stated that the question was to learn what could happen with an artificially created virus in contact with nature.

"The experiment was performed at a farm of the Panamerican Center for the Study of Zoonoses (CEPANZO), an organization which is dependent of the Panamerican Health Organization and is located in the city of Azul, 250 kilometers Southeast of Buenos Aires.

"Zoonosis is any animal disease transmissible to humans.

"According to the scientific protocol agreed to between CEPANZO and the Wistar Institute, the experiment consisted in vaccinating 20 dairy cows placed with 20 "controls" that were not vaccinated with the new virus (created from a protein of the rabies virus inserted in the vaccinia virus, which causes cow-pox). Each group of 20 animals had two attendants (milkers).

"The test vaccine against bovine rabies was developed by the French company Trans Gene(sic).

"According to a report by the Argentine Secretariat of Agriculture and Ranching, Trans Gene (sic) 'had not yet requested permission to perform the experiment without proper containment precautions, yet it gave the test vaccine to the Wistar Institute to perform the experiments.'

"After the experiments were stopped, clinical studies of the personnel by a committee of experts were ordered.

"During these studies the laborers indicated that although they had been advised not to ingest the milk produced by the test cows, they had often carried it home, for the use of their families.

On February 2nd, 1987, the Federal Judge of Azul received the complaint presented by the Public Ministry against the OPS, which was passed onto the Supreme Court of Justice due to the immunities given to the members of CEPANZO for being an international organization."

In a separate window insert, follows:

NON-EXISTING SAFETY

"A preliminary report issued by the Secretariat of Agriculture and Ranching of the Argentine Government, affirms that there was no biologic containment, permitting wild and domesticated animals to approach the site were the animals were being studied.

"The report also indicated that 'there were no posters to explain the specifics of the test and that 'the four caretakers in charge of the animals had received no smallpox vaccine before the experiment'.

"'The above suggests', the report says, that the experiment was being performed under unacceptable safety conditions for all the participants, and risking the dissemination of a recombinant virus in nature.'

"The protocol instructed the caretakers to milk the animals, 'but without touching the pustules that the vaccinated animals might develop', and they had to report the appearance or development of skin lesions, particularly those on the teats, immediately."

LA NACION (a morning newspaper), June 29th, 1988

"AZUL (DyN) The Federal Judge in Azul, Alberto Ubalde, requested that guilty parties from the Panamerican Center for the Study of Zoonoses should resign their diplomatic immunity to permit the investigation of an experiment with a virus created through genetic engineering, aimed at manufacturing an antirabies vaccine, unbeknown to the Argentine Health authorities.

"This center belongs to the World Health Organization, for which it enjoys all diplomatic immunities conferred by various treaties that have been signed between Argentina and the United Nations.

"The official notification released by the judge is at the Secretariat of Foreign Relations, which will notify this move to the divers international organizations that are involved.

"In an interview published yesterday in the newspaper EL TIEMPO (Time) of this city, Ubalde foresaw that if the officials of the Panamerican Center would refuse to resign their immunities, the Argentine Government 'will have to present the issue before the International Court in The Hague', a superior tribunal which will define the legal framework of this serious act.

"The judge pointed out that 'beyond any decisions that would be made', his court follows the investigations related to the extent of the transmission of the virus in animals as well as in people.

"The experiment was started in 1986 at a farm that belonged to the Panamerican Center, in the outskirts of Azul, at which time 20 cattle were inoculated with a recombinant rabies and smallpox) virus, and another 20 were used as controls.

"The virus was manufactured in the Wistar Laboratories, in the United States."

had the personal opportunity of talking to the Federal Judge in ıarge, who expressed his frustration at the inability to prosecute the responsible parties, due to the diplomatic immunity which they invoked in their protection. The cattle grown in Argentina does not only feed Argentines, but the world. Argentine leather from this same cattle will touch the feet of white, yellow and black alike, all over the world.

The issue is not only that there is genuine concern due to the fact that the virus used was a recombinant, but that the manufacturers themselves proved that live viruses administered to cattle do infect those who drink the milk produced} from this cattle. This does not apply only to rabies, but to all those hideous vaccine viruses already in use all over the world, which are, ***right now***, parasitizing our bodies and causing illness and death in all involved.

AND WHAT IS THERE ACTUALLY TO RABIES VIRUSES? DR. KOPROWSKI'S LONG TIME FASCINATION WITH RABIES

Among many other criminal and dishonest representatives of the drug industry, the Wistar Institute apparently supplies cell cultures,

warped information and many crooked projects and researchers. In 1973, Hilary Koprowski and a group of associates addressed the issue of the antigen responsible for antibody formation against the rabies virus.

The points they made in their publication in THE JOURNAL OF IMMUNOLOGY were

a.-The envelope glycoprotein (sugar containing protein) of rabies virus is the antigen responsible for the induction of the formation of virus neutralizing antibodies [(VN)antibodies];
b.-These are what protects animals from subsequent challenge with rabies virus;
c.-Other envelope proteins and the nucleocapsid protein only induces low levels of VN antibody formation

VACCINIA VIRUS AS A VECTOR OR CARRIER OF RECOMBINATION

As the reader may remember, when viruses are artificially recombined, portions of certain carrier viruses SV-40, adenoviruses and members of retroviruses families are used to increase the *expression*, the *manifestation* of the transplanted gene in the new recombinant.

The "vaccinia" virus has proven to be an effective and highly active vector because it is larger in size than some of the others and has an extensive host range. The vaccinia viruses selected in commercial use were those who had an additional segment expressing itself, a herpesvirus TK (thymidine kinase) which produces an enzyme discussed somewhere else in this book.

IS OUR GOOD OLD SMALLPOX VACCINE AT THE ROOT OF MOST OF OUR HEALTH PROBLEMS?

Ultimately, we must consider what the fact that the vaccinia virus may be a vector for recombination may ultimately represent to us victims of this savage branding system. Have we been inoculated with viral vectors that can now integrate abnormal genes into our genome and cause connective tissue disruptions affecting our hearts, creating malignancies, maybe even cavities in our teeth? Only the "experts" will be able to study and answer these questions, but which of the guilty parties will choose to finance such incriminating studies?

HE RABIES VACCINE IN EUROPE

During my stay in Paris, in September of 1988, my attention was caught by a small article in a local newspaper. At that time I knew nothing about the Argentine rabies fiasco, but I knew about crooks in labs, especially Wistar. And I knew about vaccines and their potential for harm. The article, generally stated that the French would start dropping vaccine-treated bait from airplanes to inoculate the foxes of the French countryside against rabies. Allegedly, this move was in response to a demand by the British, who refused to let France be part of the European Common Market and engage in travel on a visa-free status without such "protection" of the little wild animals. Whether the vaccination status affected the passage of Foxes from France into Belgium or across the British channel, was questionable, and the whole story ridiculous. Coincidentally, whether by design or accident, the Europeans were refusing to buy American meat that had been hormone-treated. I could foresee that a few years from now Americans are going to adduce that French furs, Belgian chocolates and Dutch cheeses were contaminated by a recombinant, and refuse to buy such European products!

Ah, the strange bedfellows that politics makes...

WHAT OTHER DANGEROUS PRACTICES MAKE WAR, NOT LOVE? --THE INVISIBLE WEAPONS--

The public is already acquainted with many sources of radioactive contamination, such as nuclear testing and excessive X-rays for "medical" reasons. What the public generally does not know is that there are many hidden ways in which radioactivity can endanger the environment. Have many of you considered that innumerable people and animals undergo "scanning" on a regular basis in which radioactive material is injected or swallowed and eventually excreted in urine and feces which then may reach the sewage via toilets?

PEOPLE IN HIGH PLACES OF GOVERNMENTS ATTEMPT TO SOLVE PROBLEMS BY DECLARING THEM TO BE NONEXISTENT

In December 1980, the Nuclear Regulatory Commission (NRC) was facing a Mexican standoff: because "radioactive medical waste was mushrooming and the States, too clearly remembering the dangers of mushroom clouds related to radiation did not want to accept garbage that had been labelled radioactive." {R01880}

Faced with an insoluble dilemma, the NRC decided on a rather novel approach: it decided to pass a new regulation declaring that certain types of waste which does contain radioactive material, is not legally to be classified as such, so as to make it easier to dispose of the material. As so many other decisions made by those in power, this would produce two types of undesirable immediate consequences: much radioactive material would be disposed of at other than the

federally authorized disposal sites, and the fees to those who dispose of it as the law requires would be doubled.

The materials thus exempted would be

a) carcasses used in research,
b) "scintillation media", often in a toluene solvent, and,
c) additionally, more radioactive materials would now be permitted to be dumped into sewers.

If the reader considers that it is in sewers were bacteria and viruses breed and multiply, he can conclude with horror what this radioctivity could do as a generator of mutants. The subject is disgusting, e consequences unthinkable!

he above information is gleaned from an article in SCIENCE, Vol. 210, 12 December, 1980. Peculiarly enough, the article immediately following the above deals in its first sentence with the dangers of radiation. "That even a minuscule amount of radiation can cause cancer, genetic damage and cell death has long been suspected by one school of biologists. In 1979, Paul Todd and Paul S. Furcinitti of Pennsylvania State University published a report in SCIENCE (26 October, page 475) that added new evidence to back up this belief. They took human kidney cells, exposed them to gamma-radiation, and calculated that cell death occurred even at minute doses. The results were widely reported, as they were a pioneering effort in the low dose area and they clearly contradicted the competing theory that holds no damage occurs below a certain radiation threshold. 'Low Radiation Doses **Do** Cause Cancer', (emphasis added), was the headline in a NEW SCIENTIST report on the research." (SCIENCE, Broad, WJ 12 Dec. 1980)

The researcher's test caused the serendipitous discovery of something else, even more troublesome, and that was that the cell line of

normal tissue they were using, had actually been contaminated by some well known malignant cells, the *HeLa* cells from "Henrietta Lacks, a 31 year old black woman whose cells were isolated in 1951 when researchers from Johns Hopkins University succeeded in making cells from her uterine cervix grow in laboratory dishes. Though Lacks later died from cervical cancer, her cancerous cells achieved immortality and were dubbed HeLa, after the first two letters of her first and last name."

Both studies invited much speculation, but what any reasonable person should conclude from whatever the findings in either case, is that *HeLa* cells, just as radiation, are far too dangerous for us clumsy humans to handle, and that there might be more than one way in which passage or contagion occurs.

Cnel. Tom Bearden has reported that in certain experiments, contagion through some incompletely understood electromagnetic phenomenon appears to happen. In the experiment he described, Petri-dishes of cells were separated from each other either by glass or quartz. They were inoculated with a certain organisms which were lethal to cells, after which the dishes on either side of the dividing wall were studied. Those divided by glass permitted survival of the uncontaminated cells, but in those where the quartz was the separator, the adjoining dish showed similar symptoms and death within a few hours. Although the experiment is not fully understood, an ***agonic wave*** or ***quantum phenomenon*** is suspected, which would, if corroborated, explain sympathetic illness, psychic healing, etc..., at least in Bearden's opinion.

WAKE UP, AMERICA! WAKE UP, PLANET EARTH!
THE VACCINES (SHOTS) GIVEN TO YOUR
CATTLE AND POULTRY ARE PROBABLY THE LETHAL
BULLETS AND POISONS OF APOCALYPSE.

EPILOGUE

During the long years of planning, researching and writing of this book many have asked me what I wanted to accomplish by putting it together. I have often asked myself the same question, which bears no simple answer.

To begin with, I gained access to the important information contained in this text. More so, information kept on coming, often totally unsolicited. At the risk of appearing to be vain, I feel I was in some way and manner chosen to tell this story, and not sharing this nowledge would have seemed very unnatural, indeed.

perceive that the subject matter of my book is serious history that merits to be saved to be retrieved in some distant future by those who survive what is left of our civilization. Only a book would permit such chronicling, and elaborating on causes and effects that are not equally clear to every one to-day. When our distant relatives from 500 years into the future will lay hands on these lines they will gasp at the sudden realization of what happened to a civilization that has by then long been extinct. Do I want to affirm that "AIDS" is merely a Hoax? No one doubts the painful deaths of those deceasing from *immunosuppressions* and *leukemias*. They are very real, just as real as electoral campaigns and county fairs. But the "AIDS" definitions, stories and propaganda, the very essence of the marketing campaign and theatrical emotions that sell condoms and gain grants, these are lies, blunt, unprovable stories made for aught but financial and political gain.

Do I say that vaccines caused what we know as "AIDS"? There is a very close association between this "preventive" practice and the spread of this plague. What I really am trying to say is "Wake up!" Vaccines are a lie, a genocidal tool and the very probable cause of our 20th century maladies: cancer, cardiovascular, "AIDS". They

are sold despite the manufacturers' full knowledge of their worthlessness and danger.

Do I affirm that "AIDS" is genocide? Whether by design or by accident, modern medicine is fraud and genocide, and must be immediately discontinued if we want to survive as a healthy culture.

Do I say that the WHO, the USPHS, the Medical-Pharmaceutical cartels, etc., are inept, criminals, mass murderers, conspirators, etc.? I can only say: ***--Res ipsa loquitur--*** Let the facts speak for themselves.

Ultimately, what ***do*** I say is behind this incredible tale of crime and deceit? ***I don't!*** I leave it up to those who are better in the fields of history, politics and finances, to elaborate upon these. Maybe none of this has happened, maybe it was just a test of an everlasting God who built a computer model for he knew man was not able to deal with the responsibilities entrusted to him. Maybe in the stage beyond we will meet again and complete this epilogue. As to now, I prefer to leave it unfinished...
To Life...

WHY DO I DARE TO FIGHT?

> If I am not for myself, who shall I be for...?
> If I am not for others, who shall be for me...?
> And if not now, when...?
>
> THE TALMUD

I am often told that the facts I present are either untrue, or incomprehensible to the public, and even those who are in agreement with the information warn me of the enormity of the task I have chosen, of bringing the truth out. They question "where I am going

from here", or "how do I propose to win such an unequal battle", even suggest that what I am doing borders on insanity.

I often seek for a "perfect answer". I figured that there had to be a book of Rules to this crazy game we call Life. I set out to find it, and I did. Trying not to improve on perfection, I quote from Lewis Carrol's ALICE IN WONDERLAND (R00070) Alice, dialoguing with the Cheshire-Cat, asks:

--"Would you tell me, please which way I ought to go from here?"--

The cat answers:

"That depends a good deal on where you want to get to."--

."I don't much care where..."--

--"Then it doesn't matter which way you go"--

--"But I want to get *somewhere*"--

--"Oh, you're sure to do that...if you only walk long enough"--

The secret is to set the system in motion, Truth has a momentum of its own that will eventually shuffle all cards into perfect decks. Providentially, at the very time I wrote the previous sentence, I took a Chinese fortune cookie from a package that had been given to me that day, and to my amazement, the message read: "Depart not from the path which fate has you assigned". I took this as a symbolic -"Go ahead!"--, and felt grateful to the Universal Force.

But, in returning to "Alice", she continues her dialogue and asks:

--"What sort of people live about here?"--

The cat states that

--"In THAT direction...lives a Hatter, and in THAT direction...lives a March Hare. Visit either you like: they're both mad."--

--"But I don't want to go among mad people"--, Alice pleads.

--"Oh, you ca'n't (sic) help that...we're all mad here. I'm mad. You're mad."--

--"How do you know I'm mad?"--says a startled Alice.

--"You must be...or you wouldn't have come here."--

Yet, here we are, all of us, on spaceship Earth, and we must do the best we can, it's the only home we have right now. And YOU must join in in the battle.

Some Call It "AIDS"... I Call It MURDER!

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***Due to the fact that some material was sent to me by other individuals, often without name of publication, dates, etc, some references and bibliography are incomplete. I apologize for the inconvenience.**

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Here's a Sharp salute to **Eva Lee Snead, MD.** for writing Some Call it "AIDS", I call it Murder.

An expose such as this demands courage beyond courage if every phase of it's developement - probing for information (often from hostitle people), writing the material with searing honesty, and daring to disseminate it in the face of powerful, "well financed" enemies of the truth.

It is time someone tore down the facade and revealed the ugly truth about orthodox medicine, over-funded and under achieving cancer research organizations, the botton line-dominated, giant drug firms and govement agencies that toady to them.

Maureen Salaman

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Eva Lee Snead, M.D., was born **Eva Paneth** in Buenos Aires, Argentina, in 1942. She descends from a long line of physicians. She became interested in medicine at an early age, graduating from Buenos Aires Medical School in 1965. She came to the US. in the same year. She was in private practice until 1986, specializing in **nutrition** and **holistic medicine**, as well as **chelation therapy**. At that time she devoted herself fully to the research that is the subject matter of this text. She is the author of several books and pamphlets, a well known public speaker in health issues, and successfully lead a campaign against the artificial fluoridation of the water supplies of San Antonio in 1985. She likes for her books and her knowledge to be her calling cards. Her favorite statement about **credentials** is that that is aught but a Latin word meaning **that which you are believed by,** and she only wants to be believed by what she knows, what she is and the truth she speaks.

EVA LEE SNEAD M.D.
1942-2008

Some Call It "AIDS"__ I Call It Murder!

I Dedicate This Book To GOD
Maybe Together We Can Save Mankind